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ABSTRACT

This guide includes teaching suggestions for teachers of pregnant minors and other students and approximately 815 study questions and answers about the content of 26 books concerning pregnancy and babies. Part I indicates how the materials can be used for classroom instruction of pregnant minors and for other students in general science or social studies classes. Part II consists of the study questions and answers. In Part III, other resource materials on pregnancy and parenting plus sources of free and inexpensive materials are listed. (RH)

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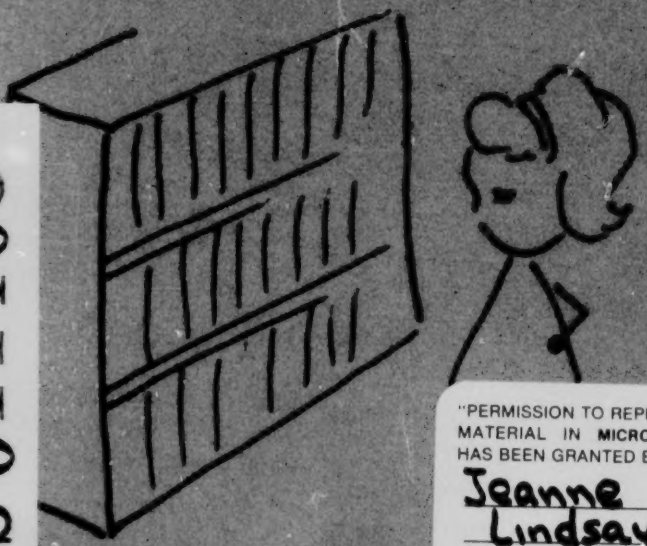
THEY'LL READ IF IT MATTERS

by Jeanne Lindsay



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Study Guides for Books About Pregnancy and Parenting

THEY'LL READ IF IT MATTERS

Study Guides for Books About Pregnancy and Parenting

by Jeanne Lindsay

Illustrated by Pam Patterson Morford

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To all the students who make teaching
to their special interests
such a pleasure
and to Bob
who understands my priorities.

Also by Jeanne Lindsay:

You'll Read If It Matters

A non-consumable student workbook to accompany

They'll Read If It Matters

PREFACE

When I was hired five years ago to teach the new special education class for pregnant minors in the ABC Unified School District in Cerritos, California, I was a bit apprehensive. The assignment meant teaching all the required high school subjects in addition to meeting the special needs of the young women. The challenge of starting such a self-contained program seemed overwhelming.

I had visited several similar programs in Los Angeles and Orange counties and knew that teachers somehow were able to cope with this complicated assignment. That first year my "coping" was not the best. The students taught me a lot, however, and we managed together.

In the ensuing years, I have learned to take advantage of students' special interests in pregnancy and babies. We have a lot of books, pamphlets and audio-visual materials on these topics. We have books on many other topics, too, for we try to meet the needs of young women with an astonishing variety of interests, academic and otherwise.

Books that are most popular often have something to do with sex, pregnancy, babies, and families. To meet students' needs in these areas, I have developed study guides for students to use as they read the books.

These guides are meant to help students pull out important concepts in the books, and to react personally to those ideas.

About 15 books have been especially popular with our students. Sharing study guides for these particular books with other learning facilitators is the primary purpose of They'll Read If It Matters.

Individualizing teaching to meet the needs of each student is a rational, but very difficult, approach to education. The goal of this book is to help teachers cope just a little better with the many special needs of all their students.

Perhaps you will find it useful as you work with your special students. As we all know, every student is special!

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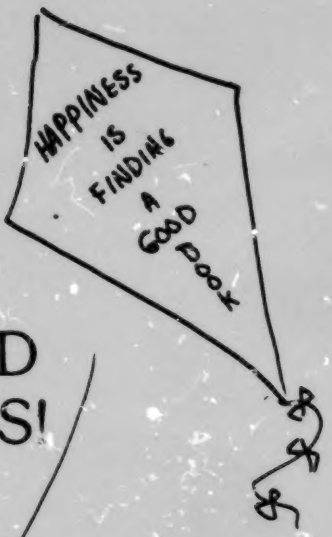
Part I



THEY'LL READ IF IT MATTERS!

1 INTRODUCTION

"And what is your work?"

"I teach a class of pregnant minors."

"But WHAT do you teach them?"

"Oh, everything--civics - history - science - math - English. Something like the little red schoolhouse, only pregnant."

"But how on earth do you teach <u>everything</u>?"

And so it goes. When someone asks what I do, it often begins a long conversation. And the conversation seems even more absorbing when the other person also teaches in a pregnant minor program. Or in a continuation school. Or in some other alternative school. Or is a "regular" teacher who individualizes a great deal in the classroom.

Option for Pregnant Minors

The self-contained class is an option offered in many California school districts to pregnant students who do not wish to stay in their regular school during pregnancy. A young woman may enter the class at any time during her pregnancy, and may stay until the end of the semester in which the baby is born. Anyone in the school district who is under 21 and pregnant is eligible.

Students continue their regular high school or junior high academic course work, mostly through individualized study. In addition to the usual English, social studies, math and science courses, they are offered help in handling the special problems of being young and pregnant.

A physical education class taught by a credentialed P.E. teacher often focuses on prepared childbirth techniques. The girls exercise together to get their bodies in shape for the hard work of labor and delivery.

In rap sessions led by experienced counselors, the girls discuss their available options of abortion, adoption, marriage, and single motherhood. People from the community such as Public Health nurses, social workers, and adoption counselors are often guests in the classroom to add their expertise to the school's curriculum.

Individualize or Sink

How do teachers cope with students' academic needs if the class includes a seventh grader, two eighth graders, four freshmen, four sophomores, three juniors, and five seniors? The junior high students are expected to keep up with their regular classes while they are in the special class. The high school students need not only to keep up, but also to complete as many courses required for high school graduation as possible. Ability levels vary from students who read very little to average students to students capable of doing college work.

Add to this variety of people the possibility that few students join the class on the first day of school in September. The others come in at the rate of one or two each week during the year. Some have transferred directly from another school, while others have been out of school for periods ranging from three weeks to two years. Expecting a baby has convinced them they need to come back to school to earn a high school diploma.

So this is one class. In addition to teaching "everything," the teacher tries to meet the special needs of students. These teenagers need psychic and physical support. They need to learn about prenatal care and especially about prenatal nutrition. They also want to learn how to cope with labor and delivery.

Above all, the students need to learn parenting skills. These young mothers-to-be have some special problems as they face early parenthood. Some of them will be "good" mothers, and some may not do so well. Consequently, teachers need to do everything they can to give them as good a foundation as possible for this important task of parenting a child.

Individualizing the education of these special students is essential!

Books for Special Interests

A wide variety of reading materials is needed for a truly individualized curriculum. Having the budget and freedom to build an extensive library is certainly a plus factor in this style of teaching.

"Read the book about prenatal care" is, for most people, a non-productive assignment. "Read the book and complete the study sheet" can be quite productive if the study sheet asks the student to pull out the important ideas in the book and react to them. If the study sheet includes open-ended questions, the student's writing skills will improve. Best of all, her comments on the study sheet often start a dialogue between herself and her teacher which might not have happened otherwise.

As might be expected in a class of pregnant young women, most of our students are interested in pregnancy, labor and delivery, and babies. It dawned on me somewhere along the way that capitalizing on these interests is the obvious way to reach some of the required goals.

Special Interests in Academic Courses

Most girls who need general science spend part of the semester studying about sex, human reproduction, development of the fetus, labor and delivery, nutrition, and birth control.

Teaching parenting under the title of Parent Psychology leads to social science credit needed for a high school diploma. Inspiring students to read is the major goal of Teen Parent English. Again, books concerned with students' special interests in pregnancy and babies are often selected.

We must realize that the approach does not work for all students. A few pregnant teens do not want to think about pregnancy or talk about baby care. They seem to want to ignore the fact of the pregnancy for as long as possible. Giving them assignments concerned mostly with pregnancy and babies would not be relevant to their present interests.

Even apparently uninterested students are asked to learn about general prenatal care and nutrition, and to know what to expect during labor and delivery. Adequate prenatal care is essential for their health. For English and social studies, however, they are encouraged to take other courses.

Other students who generally need non-baby centered curriculum are the few girls who place their babies for adoption. Reading materials about infant care could be quite disturbing to a girl who is giving up her baby. She probably feels she is making a wise decision both for herself and her child, but nevertheless finds the situation difficult to handle.

Dilemma of the New Teacher

A frantic call recently from a newly hired teacher in a pregnant minor program convinced me this book is needed. She had taken over the class in the middle of the year with no experience in such individualized teaching. She wanted ideas and she wanted help.

With our full approval, she systematically went through our file drawers pulling out dozens of study guides and course outlines. She reminded me of my forays into other classrooms the year I was hired.

On the other hand, I knew from my own experience that much of the material she took would be almost useless to her because it utilized such a wide variety of resources. If she didn't have the specific filmstrip, free pamphlet, and book(s) called for in the study outline, that outline could not really help her.

Sharing teaching ideas makes sense. But how could this sharing be most helpful? I decided first to select fifteen of our most used books. Preparing guides for the students' use without extra assignments seemed the most beneficial approach.

In this way, the only work and money involved in using the guides is to order the books. My study guides include suggested answers for use in checking students' work. The student workbook of guides is reusable. Each teacher can assign the supplementary materials which s/he has along with the desired books.

Which Books?

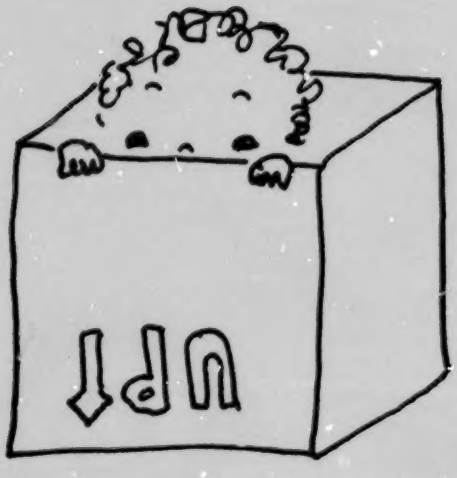
Choosing fifteen books from the abundance of materials on sex, pregnancy, and parenting was difficult. Leaving out other resources including important audio-visual materials was frustrating, but seemed necessary. Many of these other materials are listed in the "Additional Resource Materials" section of this book.

Most of the books were selected because they are easily read and have a practical approach to their topics.

Most can be read comfortably by a student with a fifth grade reading ability. Most are also well enough written and with such a mature interest level that they will be read by more academically able students as well.

No textbooks are included. Many texts on child development and marriage are written at a high school reading level, too difficult for less than eager students who don't read very well. Even more detrimental for students who are young parents is the books' generalized approach. They are usually written as if the student will not have a baby for some time. Pregnant students and young parents may consider such materials irrelevant to their life situation.

Authors of the selected books generally assume the reader is pregnant or is a parent, depending on the topic covered. However, all but a few of the books would be suitable assignments for high school students who are neither pregnant nor parents.



2 TEENAGERS, BABIES, AND SCHOOLS

Teenagers generally are interested in sex, pregnancy, and babies. Individualized methods used in special education classes can work well in comprehensive school classes as well as in continuation schools and other alternative schools.

These study guides make it feasible for teachers to capitalize on an individual student's interest in sex education and babies. You will find some of the guides especially useful in the regular classroom for your occasional pregnant and young parent students.

About 10 percent (more than one million) of the teenagers in the United States get pregnant and six percent (more than 600,000) give birth each year, according to statistics from Planned Parenthood Federation of America.

One-fifth of all births in the United States are to women still in their teens. Ninety-four percent of teen-age mothers keep their babies at home with them according to a 1971 study.

Babies born to teen-age mothers are much more likely to be premature and of low birthweight than are those born to women in their 20s. Very young mothers are also more apt to deliver babies with birth defects.

A pregnant teenager is apt to become a single parent even if she marries the father of her baby. Three out of five pregnant teen brides are divorced within six years, again according to Planned Parenthood figures.

A study recently done by the Rand Corporation for the California Department of Benefit Payments showed a high percentage of single parent families on welfare. In families in which the single parent did not finish high school, 90 percent receive AFDC (Aid to Families with Dependent Children). If the parent did complete high school, however, that rate dropped to 45 percent!

Responsibility to Pregnant Students

If you teach in high school but never have pregnant students, your school must be losing students who especially need further education.

Title IX regulations prohibiting sex discrimination in the schools have been in effect since July, 1975. These regulations, which have the force of law and apply to all educational institutions receiving federal aid, specify that no student may be excluded from school because of pregnancy or marital status.

Each teacher and administrator in our schools has a responsibility to help all students. Perhaps that responsibility is even greater toward teenage students who take on the adult task of parenting. Because of the special emotional and financial problems they often

face, these students desperately need the best possible education, education which is relevant to their life situations.

How to Use Study Guides

Beginning teachers, whether in regular classrooms or in special classes for pregnant minors, are offered some ideas for using these study guides. The guides can be used "as is" for a two-semester academic course on pregnancy and parenting. Teachers who follow such a plan will probably omit a few of the books because of repetition or they may use some of the books with some students and some with others. This approach is recommended because of the wide variations in students' maturity, interests, needs, and reading abilities.

Using the books themselves, of course, is essential. The study guides were written strictly for students to use as they read the books.

Suggested answers to the study guide questions are included in this book written for teachers. A teacher who does not have time to read all fifteen books before starting to assign them to students can rely on these answers as a guide when checking the students' papers. Answers have been written in complete sentences and students should be encouraged to do the same.

Teachers who are well informed on pregnancy and infant development will find that many answers seem overly simple. Some answers may not seem to be complete, or perhaps are slanted differently than some teachers' interpretations. The information in the answers is adapted from the book being studied. The students are not expected to cover other references excepting as assigned by the teacher.

A separate reusable student workbook is available which includes the study guide questions for the fifteen books. For the added convenience of students, the book is set in one-third larger type than is this version written for the learning facilitator.

Purchasing Books

Most teachers probably will not need classroom sets of these titles. A possible exception is the especially useful Child Care from Sutherland Learning Associates. Unfortunately, Child Care is the most expensive book of the group.

A copy of each book for each student is not necessary because students working on individualized assignments will usually be studying different materials. Teachers who can afford to do so may want enough copies of some of these resources to use for class discussions.

Educators with an extremely low budget can "get by" with two or three copies of most of these books so long as all books are kept in the classroom. A variety of materials will need to be assigned to the students so that no more than two or three need any one book at the same time. If enough copies can be bought to let students take them home to read, however, the books will be used more enthusiastically.

A teacher who wants to use these particular fifteen books can buy three of each for about $150. Publishers and buying information including prices as of September, 1977, are listed on page 227.

Because these guides can be used in almost any classroom, Part I, the "How to" portion of this book, is written assuming students may be either male or female. For this reason the more awkward s/he pronoun is used. In the discussion of assignments directly related to pregnancy, however, the student is assumed to be female. Ideally, the father would also be included (as well as future fathers), but in public school classes, he usually is not.

The study guides generally use the feminine pronoun when speaking of the baby. About half our babies are girls, yet nearly all these resources speak of baby as "he." It seems appropriate to use "she" in the guides. We need a little affirmative action here.

3 WHAT IF THEY WON'T READ?

Do you really want your students to read? Many good teachers in regular classroom settings get around the "Johnnie can't read" syndrome through other kinds of class experiences.

Many people, however, do learn more and faster through reading. Often they learn best with individual reading assignments.

Sometimes students who are turned off by school, who perhaps dropped out but have come back to give it another try, are likely candidates for special reading selections. These students are often put off by what they consider the "lock step" of the traditional classroom.

Some bright and eager individuals have the same complaint. So do many other students who don't like school but haven't dropped out--yet. Young people want to study materials relevant to their own interests which can be tackled at their own speed. These students want neither to "wait for" nor "keep up with" the rest of the class.

Find Relevant Materials

Our proposal is simple: Find materials your students want to read, make assignments from these items, then stand by while the learning takes place.

Teachers know there is nothing simple about being a learning facilitator. There are techniques, however, that make the task less complicated.

First, offer a variety of materials that interests individual students. Don't think of the class as a group; rather, think of the individual people within the group. Combine that variety of materials with assignments that will help the student show you and her/himself that learning is taking place. This approach is generally the most productive.

How do you know what interests your students? If you are teaching pregnant minors or school age parents (or other teenagers who are interested in babies, families, marriage, and/or parenting) you have almost a universal interest on which to capitalize.

Let them read and learn about babies, pregnancy, and parenting. In addition, let these interests be your built-in learning facilitators for developing concepts in English, social studies, science, and other courses. Pregnancy, babies, and birth control need not be topics limited only to family living, sex education, or child development courses.

Including these high-interest materials in English, science, and social studies courses means your students will earn credit for required courses needed for high school graduation.

Sometimes students find they have completed plenty of elective courses in art, home economics, industrial arts, and work experience, but have problems getting the required courses completed. They profit if they can legitimately earn required credit through studying topics of special interest to them.

Importance of Academic Goals

Making required courses easy and worthless certainly is not recommended. "Watering down" course work will not help students prepare to cope with the complexities of our society. But neither will they be helped by being given irrelevant assignments which some of them cannot or will not complete.

Your goal of facilitating learning can best be achieved through utilizing materials relevant to the student's own life.

Problem of Low Reading Abilities

Many high school students read below junior high school level. The key to their success is to find books and other materials written on their reading level. In addition, materials must be selected that are mature in content. High school students are not children. Whether or not they are involved yet with families of their own, they are quickly approaching adulthood, and need adult-level reading materials.

Perhaps the ideal criterion for choosing reading materials is to find everything you can which is written at a level your students can read. Then choose from those materials the items you find readable and interesting. If you as an adult find it interesting yet it is written in a style the student can understand, you have probably made a good selection.

Several of the books covered by these study guides meet this difficult criterion. A New Baby! A New Life! is an outstanding example. So are The Secret

World of the Baby (which takes at least a fifth grade reading ability) and Child Care. The seven sections of Having a Baby come close, although it would not be necessary to assign all of it to students who can handle more difficult reading materials.

Illustrations and type size are other important considerations. Sometimes novels advertised as being written at a fourth grade reading level are printed with such small type that students are reluctant to try them. It appears difficult, and if it looks difficult, the book is apt to gather dust on the shelf.

The reusable student set of study guides which accompanies this book is printed in one-third larger type than is this version. The larger type makes the book more inviting to the student.

Using Readable Books

Having selected books that your students can and want to read, what do you do with these books?

You will get some results simply from "show and tell." It is always fun to gather the class around a stack of attractive books that appear to be interesting. Give them a short sales pitch on each title. You will probably get a few takers each time.

Offer them books, then "let" them read because they care. Some people learn best this way. Encourage them to read, discuss, and learn. Appreciate them!

Other students are not that motivated. High school students often need specific assignments. A short-term goal is helpful as well as the semester goal. Variety in assignments is essential.

Importance of Study Sheets

Many students seem to appreciate contract assignments which include study sheets. (See Chapter 7 for more ideas on contracts, credit, and evaluation.)

Intellectually you may wonder, "Why give them a study sheet? The point is that they read the book, not answer a bunch of questions." But most students are much more apt to read the book if there is a study sheet. Perhaps they feel more secure with a written assignment because they have written evidence they are "doing something."

More important, students are apt to learn more. If a young person is given the opportunity to draw out some important concepts in the book and, especially, to react to those ideas, s/he is apt to have a much better understanding of that book and to gain much more from it than if s/he merely reads it quickly.

Study sheets which contain thought-provoking questions are essential. Best of all are the open-ended questions which require a real understanding of the material rather than just finding the answer by reading the right paragraph. Another advantage of open-ended questions is that the assignment self-adjusts somewhat to the ability level of the student. The teacher will expect quite different answers from the student who can scarcely write a coherent sentence than s/he will from the student who writes well. (More about this in the credit and evaluation chapter.)

Often you will have quite different assignments for different students depending on their academic abilities. Sometimes, though, a particular resource will seem right for most of your class. You can still individualize through the wise use of open-ended questions. Just expect more from the more able students.

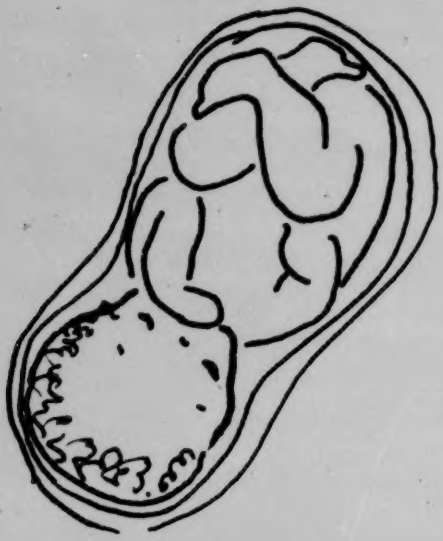
Variety in Assignments

Don't use books and study guides exclusively. Get as much variety into your assignments as possible. If you have or can get filmstrips, include them in the assignments. Use attractive and well written free and low-cost materials whenever possible to add to other instructional materials. For ideas for materials, see "Additional Resource Materials."

Above all, be creative in assigning projects. "Projects" can mean practically anything that facilitates learning. A project should always be tied in with your learning objectives.

The following three chapters give specific suggestions for using the fifteen study guides included in Part II. The fifteen books and booklets have been arbitrarily divided among science, social studies, and English courses. However, the book topics overlap a great deal. The Secret World of the Baby, for example, could be used appropriately in any of the three areas. If you teach family living or a similar class you may find any and all of these resources suitable for your course.

Remember, though, that while these books have been carefully selected, many other books are available which might suit your students' needs as well or even better. Check the "Additional Resource Materials," and plan to spend some time browsing in book catalogs and book stores. New books are constantly being published. Watch for those which will inspire your students to read.



4 SCIENCE AND PREGNANCY

Learning about reproduction is an important part of biology. Specializing in sex and reproduction data, prenatal care, labor, delivery, and postnatal care, contraceptive information, and nutrition can be the major part of a basic science course. You may find your science course even appeals to students who never liked science before.

If you are teaching a pregnant minor class, you are concerned with the best approach to the new student's first day in your school. So often a girl comes in scared, lonely, and withdrawn. She needs as big a boost as possible that first day. A non-threatening assignment that really interests her can make a difference in her feelings about the school.

Prenatal Care

"Prenatal Care" from Having a Baby is a good first assignment. On that first day your student probably does not want to be thrown directly into a sex-education course. ("Does that teacher think I don't know where babies come from?") She may not like school, particularly reading and English. If she enrolls early in her pregnancy, she is apt to be a bit confused about a number of things happening to her.

Written at a 5.1 reading level, "Prenatal Care" can be read by an interested student with less than fifth grade reading skills. Don't discount this resource for students who read well. It is interestingly written and contains a lot of reliable medical information about pregnancy, the one topic in which you know your new student is involved.

"Prenatal Care" is available as a separate booklet as well as being included in Having a Baby. As the student reads the material and answers the questions in the detailed study guide, she will learn why she must get early and regular medical care while she is pregnant. She will also learn the importance of eating the right foods during pregnancy. She will become aware of the discomforts she may experience during her pregnancy and what she can do about them. She will also learn of danger signs which, if they happen to her, she should report immediately to her doctor.

The booklet ends with five pages of suggestions concerning equipment, clothes, and other items needed for the baby. The study guide does not cover these pages because, although the student may read the material, she will be given the same data in future assignments. If your student is placing her baby for adoption, you may not want to assign these last pages.

Nutrition During Pregnancy

"Prenatal Care" includes a brief summary of the foods needed during pregnancy. However, the subject

of nutrition needs to be stressed as much as possible. Good nutrition and prenatal care are the two ways in which a young woman can truly influence the outcome of her pregnancy.

Therefore, the next science assignment should go into more detail on prenatal nutrition. Ask the student to keep a record of what she eats during the first few days in your class so that she can compare her diet with the nutritional guidelines she is studying. Be sure to give her a food diary form which is easy to complete.

Ask her to compare what she is eating with the recommended food guidelines for pregnant teenagers. Incidentally, it is best to refer to her food intake record as her "food diary" rather than diet record. It is often a mistake to mention "diet" to a teenager because to her the word usually refers to a weight-losing plan.

For additional resources concerning prenatal nutrition, check with the National Foundation-March of Dimes and the National Dairy Council. Each has good materials available for classroom use. The March of Dimes pamphlet "Be Good to Your Baby Before It Is Born" is an excellent handout for students.

Most prenatal nutrition materials are written for adult pregnant women. Therefore, point out to your students that a pregnant teenager needs five to six cups of milk daily, more than is recommended in most of the literature. The other nutrients are similar for the two age groups. (Check "Additional Resources" for these and other prenatal nutrition materials.)

Human Reproduction

Human reproduction is a good follow-up topic after your student has covered prenatal care with an emphasis on nutritional needs. Depending on her reading level, her interests, and general abilities, assign either Facts About Sex for Today's Youth by Sol Gordon, "Conception and Pregnancy" from Having a Baby, or A Child Is Born: The Drama of Life Before Birth by C.

Wirsen and A. Ingelman-Sundberg with photographs by Lennart Nilsson.

Facts About Sex is a simply written, basic sex education book. Most pregnant girls seem fairly cognizant of how they became pregnant. Be alert, however, for the less mature, perhaps very young girl, who really has not read, studied, or heard much basic sex information. Gordon's book is excellent for her.

If your student reads just a little better and/or is a little more mature, "Conception and Pregnancy" is an excellent resource on human reproduction. It also offers a good follow-up assignment to Facts About Sex. Some material is duplicated in the two books, but not a great deal since "Conception and Pregnancy" is more specialized.

If your student is ready for high school level science and is especially interested in what is happening in her own pregnancy, offer A Child Is Born. The book is an interesting combination of detailed information about embryology interspersed with advice for the mother-to-be, all made more interesting with striking photographs of the embryo/fetus taken from the moment of fertilization until time of delivery.

The Secret World of the Baby by Beth Day and Dr. Margaret Liley covers information on prenatal development along with material on the emotional development of the baby after birth. It uses such a different approach that it can be assigned in addition to any of the above books.

Written on about a fifth grade level, the book is usually appreciated by all students except those who can read very little. If you could tape the book for the non-readers, it would be a great read-along assignment.

The book compares the baby's life before birth with that of an astronaut in outer space. Generally the text treats the fetus like a human being who hears loud noises, can distinguish bright light from darkness, who cries in her silent world, but feels no gravity in her watery space.

Usually a student appreciates a resource which considers her unborn baby a real personality already. It is not a good book to assign to a student who is considering having an abortion.

Labor and Delivery

"Giving Birth" from Having a Baby is apt to appeal to young pregnant women generally who do not know much about what to expect during labor and delivery. The three stages of labor are explained in detail. The reader learns what to expect when labor begins, when to call the doctor, and what to expect when she gets to the hospital.

Prepared childbirth classes are briefly described but the booklet is not a "how-to" book on learning the breathing techniques or other exercises needed for prepared childbirth.

Unusual births including breech and premature birth and induced labor are explained. The appearance of a newborn baby is described in detail. Postpartum depression is also mentioned.

If you don't have the above books and don't have enough money to buy them, or if you simply want an additional resource, Prenatal Care from the Children's Bureau is a good buy at $1.05 each.

The booklet is not an exciting resource and is not nearly as well done as is the government's companion booklet Infant Care. It does cover pregnancy and prenatal care generally.

The author usually uses such terms as "father of the baby" or "your mate" instead of assuming a husband. This is often a factual approach in high school classes.

For a teacher who has a very low budget, enough copies of Prenatal Care for the use of incoming pregnant students plus a variety of give-away materials could result in an acceptable prenatal care course. The guide for Prenatal Care offered here is quite detailed.

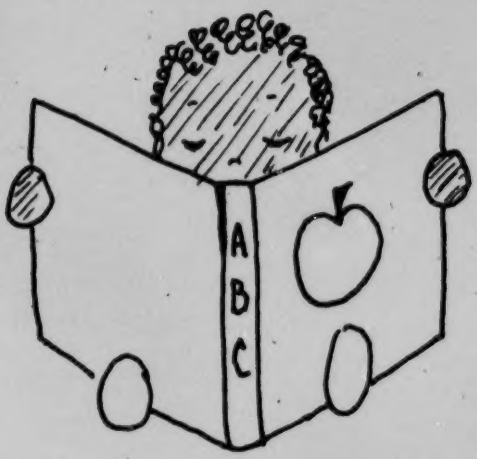
Family Planning

After pregnancy and birth, the study of contraceptives is a natural topic. Again, a section from Having a Baby, "Planning Your Family," is recommended, especially for students reading below high school level. The different methods of birth control are explained and graphically illustrated. The section is only nine pages long, but covers the subject well.

Sex and Birth Control: A Guide for the Young by E. James Lieberman, M.D., and Ellen Peck is the best overall resource on the subject. It is quite readable for students who read at a high school level. The book is a complete guide to all methods of birth control. Also included is a chapter on venereal disease.

In addition to basic facts the authors consider the issues and special problems involved in freer sexual standards, reevaluation of sexual roles, and changing family patterns. They interviewed many people aged 12 to 20 as well as teachers, doctors, and other professionals in preparing to write the book.

The chapter titled "Abstinence?" is an excellent non-moralistic, non-judgmental discussion of the many reasons why a person might decide not to have sex. Sexual responsibility is the theme stressed throughout the book.



5 PARENTING CURRICULUM FOR SOCIAL STUDIES

What to call this unit is a dilemma. Parent psychology, family living, child development, marriage and the family, contemporary living, personal psychology, all are possible. Whatever title you choose--or are stuck with--for your parenting class, you want your students to learn more about babies. Knowing and understanding babies' physical, emotional, and intellectual developmental patterns does not automatically create capable and caring parents, but such knowledge can be helpful.

Before Delivery Assignments

Before your students deliver their babies, you might assign "The First Six Weeks" and "The Baby and the Family" from Having a Baby. These two simply written sections emphasize the mother's and, on occasion,

the father's involvement in parenting.

The booklets focus on the early weeks of parenting. They offer less solid information on feeding babies, preventing accidents, and coping with illness and other infant care topics than do some of the other references, but they do offer a good introduction to the profession of parenting. The author of the booklets realizes that not all parents are married and writes accordingly. Your able readers might find these assignments too simple.

The most beautiful book, both in illustrations and text, is Erma Brenner's A New Baby! A New Life! The simple text could be read by third graders, yet is almost lyrical in its beauty. Symeon Shimin's many illustrations depict babies from a variety of ethnic groups.

The drawings admirably demonstrate the content of the text. Pictured and described are babies who are loved versus babies who are not. So are babies who are happy and carefree versus sad, neglected babies. The possibility of child abuse is mentioned briefly.

If possible, assign this book immediately before delivery or as soon after birth as possible. Sometimes a girl who has gone two or three weeks past the date her baby was due becomes tired and discouraged about the whole process. Sharing this book with her may renew her enthusiasm for the coming baby.

A New Baby! A New Life! is a suitable assignment for all new parents. Whether they read at third grade or college level simply doesn't matter with this unique book.

General Infant Care

For solid information about baby care, assign Child Care by Henry F. Greenberg et al. Designed for doctors to give to new parents, it is a colorful, easily read book with at least one illustration on each page. Text is brief and well laid out in a variety of type.

The twelve chapters can be used in a half semester or stretched to cover the entire period. Our study guide is divided into six sections. Feeding the baby, growth and development, and a brief section on toilet training are covered in the first part.

The next assignment covers only 17 brief pages of reading but because the topic is accident prevention, the study guide questions are quite detailed. Immunizations and allergies are discussed next, then respiratory problems and temperatures.

The fifth section of the book's study guide is concerned with the fussy baby and with digestive problems. The last section discusses a child's eyes and concludes with a chapter on general medications and treatments for children.

Child Care is primarily concerned with physical development and physical problems. It provides an excellent text for this part of parenting in a far better manner than does the typical high school child development textbook. Child Care is written with the assumption that the reader already has a child, making it seem more relevant to most young parents' lives.

If you don't have copies of Child Care and can't afford the $6.95 per copy, next choice for a good overall booklet is Infant Care published by the Children's Bureau. The 1973 edition (latest at this writing) is well written with good illustrations. It is fairly easy to read although really poor readers might find it difficult. According to the Forward, more than 59 million copies of Infant Care have been sold since it was first published in 1914.

You probably won't want to assign the whole book at once. It would be a good choice, however, for a student who thinks she will have some time to work at home but will be unable to come to school for two or three weeks before or after delivery.

A resource full of ideas for constructive play with babies is Ways to Help Babies Grow and Learn: Activities for Infant Education by Leslie Segner, Ph.D.,

and Charlotte Patterson, R.N. The book is illustrated with photographs of babies in infant center and nursery school settings.

Answers are not included for the study guide questions. The book has many ideas for helping babies and toddlers learn through play. Questions are designed to encourage the student to choose specific ideas from the suggested activities, both to write about and to utilize with her own or someone else's baby. Group care for babies and toddlers is mentioned throughout the book.

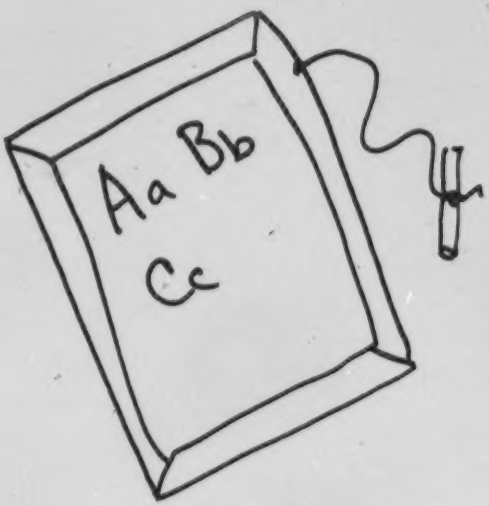
Child Nutrition

Because nutrition is an important factor in caring for infants and children, Feed Me--I'm Yours! by Vicki Lansky is a good selection for young parents. Ms. Lansky collaborated with five other members of the Childbirth Education Association of Minneapolis-St. Paul to write this practical book on child feeding.

The book discusses reasons for preparing baby food at home rather than buying jars of prepared food. Simple methods of preparing the food are described.

Interspersed with the recipes are lots of ideas and solid information about feeding small children. Good nutrition is stressed throughout the book.

The study guide is project oriented. The student is asked to answer a few questions over the content of the book. S/he is then expected to try a number of the recipes presented (teething biscuits, for example). The assignment is especially worthwhile if the student has a child who will taste-test the finished products.



6 TEEN PARENT ENGLISH

Inspiring students to read can be a rewarding goal for an individualized English program. If a new student claims she "can't stand reading," you have a major challenge. Make sure she doesn't leave the class still able to maintain she hasn't read a book in years!

Pregnancy in Photographs

If your student is pregnant (and perhaps if she is not) she is apt to enjoy A Season to Be Born by Suzanne Arms with photographs by John Arms. Here a young woman describes her first pregnancy in poetic detail with a sense of wonder about her changing body and the development of her baby.

The book contains many photographs, mostly pictures of Suzanne. Included are pictures of her dancing by the sea, of her body developing as her pregnancy progresses, of friends listening to the baby's heart beat,

of her labor and delivery, and of Molly after she is born. "Why, I feel just like she did," students often comment after reading the book.

A Season to Be Born does not give a lot of detailed information about pregnancy and childbirth, but it does a beautiful job of expressing one person's feelings about herself and her baby during this important time. Our study guide really isn't a "study guide" at all, but rather a request for the student to enjoy and to react to Suzanne's story.

Single and Pregnant

Students who are pregnant, who know someone who is, who worry that they might be, all may find helpful suggestions in Single and Pregnant by Ruth I. Pierce. Although not a new book, it still is an excellent resource. Each of the alternatives available to the single, pregnant woman--adoption, abortion, marriage, single parenthood--is discussed in detail. Possible community resources are described. A student should be reading at least at the junior high level in order to read the book comfortably.

A student who does not read easily can gain some of the same "single and pregnant" information in Having a Baby, "Pregnant and Unmarried." Written at a fifth grade reading level, it discusses the topics covered in Single and Pregnant, but in a much briefer and more easily read fashion.

Available in booklet form by itself and as part of the book Having a Baby, "Pregnant and Unmarried" is especially good for a girl to read when she first learns she is pregnant. It, too, describes the options of abortion, adoption, marriage, and single motherhood.

Single Parenthood

The natural follow-up to being single and pregnant is being a single parent. The Single Parent

Experience by Carole Klein is not an easy-to-read book, and is written from a sociological standpoint that may make it difficult for some students. Average high school readers may find much of the book highly interesting and relevant.

Klein began with the realization that single parenthood now is a choice more and more women (and some men) are making. She interviewed many single parents and did additional research for the book. She feels that single parenthood is a way of life that is neither good nor bad in itself but depends on what one makes of the experience. It is a life style that can have a lot going for it--or that can be undertaken for questionable reasons of ego and self-gratification.

The questions in our study guide are designed to bring out the student's viewpoint concerning the ideas expressed in the book. Therefore, answers to the questions are not included.

Child Growth Through Photographs

A photographic book about child development which fits beautifully into an English course is One Through Six: How to Understand and Enjoy the Years That Count by Patricia Coffin, photographs by James Hansen. Ms. Coffin is a mother and a journalist. The book is an appealing picture story of her daughter Dionis.

Each of the first six years of Dionis' life is covered in photographic detail with ten to fifteen pages of enchanting photos for each year. Each yearly section is followed by a few pages of readable, relevant, and researched information about that particular stage in a child's life. The notes in the margins were written by Dionis herself. She was 18 years old when the book was first published.

This book can help a student understand the "ages and stages" concept of child development--and perhaps even inspire a young parent to attempt a similar photographic history of her/his own child. Encourage your student to do so--for high school credit.

Special Interest Fiction

Assigning novels that appeal to students because of their special interests is another approach. Reading and discussing fictional accounts of early pregnancy, abortion, teenage marriage, and single parenthood often catch a teenager's interest. Such books appeal not only to pregnant minors, but to other teenagers as well.

For specific suggestions concerning fiction, see "Additional Resource Materials."

Personal Journal

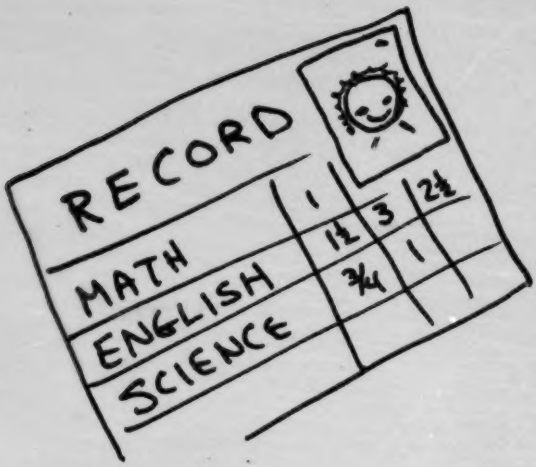
Writing in quantity without fear of correction or criticism can help a person improve writing skills. Keeping a personal journal can be especially productive for a student during a crisis period such as an early pregnancy. Most teachers grade personal journals on quantity, not quality.

Expect good grammar, spelling, and sentence structure in other assignments completed by your students, but explain to them that a personal journal is different. It is their chance to write about whatever they want to write about, and to write at length.

Your reactions to students' journals will differ, although all journals must be considered strictly confidential. One journal may be so personal that you won't want to comment on it at all. For other students, you may find the journal an excellent method of communication as you react in writing to their comments.

For more ideas concerning teaching English through the use of a personal journal, see The New Hooked on Books by Daniel Fader et al.

Reading and reacting to books about pregnancy and babies together with keeping a personal journal provides the nucleus for Teen Parent English. Improving students' reading and writing skills are the primary objectives of such a course.



7 WHAT ABOUT CREDIT AND EVALUATION?

Does your school use the differential credit method or the concept that a semester of time equals a semester of credit (if you pass)? You probably don't have much opportunity to stray from the guidelines of your school. Whichever method you use, the following suggestions may be helpful because work done for credit can be fitted into either plan of assigning that credit.

Nearly all comprehensive high schools still operate on the assumption that the student will be there for the full semester. They usually do not bother with partial credit, at least not in their required courses. If the student drops out before the semester is over, s/he simply loses the credit for work already completed.

Perhaps this approach makes sense. Some courses are well planned with goals and objectives to be met throughout the semester with a specific final goal. If the student drops out half-way through, s/he may not have met even half the full semester's goals.

However, there are definite drawbacks. Some students put in the full semester of seat-time and do just enough work to pass with a D grade. They then have full credit so far as high school graduation requirements are concerned. The student who drops out six weeks early has no credit no matter how hard s/he worked on the material. Surely the latter student deserves partial credit for the work done.

Differential Credit

Some continuation schools, pregnant minor programs and other alternative schools now offer differential credit. The student is granted the credit earned when s/he leaves the school or the grading period ends. It makes mathematical tallying up of transcripts harder because of fractional credit blocks (i.e., $1\frac{1}{2}$, 3, $4\frac{1}{2}$ credits). This seems a small price to pay for increased fairness in granting of credit to the student.

Two quite different methods of assigning differential credit are used. One method is based on a specific number of "productive hours" spent on the work, usually in class, being required for each unit of credit. Number of hours required for a semester of credit generally varies from 75 to 90 depending on the type of class and amount of homework expected.

A student who misses a great deal of school might earn one semester of credit in a year. Some productive hour plans permit a certain number of credit hours of work to be done at home. If so, a student can earn credit faster if s/he wants to work especially hard.

The contract method is the other major way of offering differential credit. The student is given a specific assignment. S/he may work on it at her/his own speed in school, and sometimes at home. S/he is granted a specific amount of credit on satisfactory completion of the work. Credit is the same whether the work took six weeks or a full semester to complete. Teachers using this plan usually try to vary the amount of credit granted depending somewhat on the student's ability.

Both administrators and teachers in schools using one of these differential credit granting methods are apt to be quite prejudiced in favor of their specific method. Productive hour advocates are often convinced that students on the contract method are "given" credit for doing superficial work. Perhaps they've heard of students who completed a semester's work in one month and therefore assume the student learned very little and probably did not deserve the credit.

On the other hand, contract-minded people hear horrendous tales of students who sleep through class day after day, but because they are in the classroom are granted their productive hour credit. These people are convinced that most students do not learn much under this method.

Either method can work well or be inadequate. As in many things relating to education, the teacher makes the difference.

Combining Methods

Some teachers find a combination of the two methods provides the advantages of both. Academic work is mostly done through the contract system. This permits each student to work at her/his own speed. S/he may complete as much home work as s/he wants and is able to do. If s/he doesn't work much (which usually means s/he doesn't learn much), s/he earns little credit even if s/he is in school.

Using the contract method alone makes it too easy for pupils to work alone with little interaction with others in the class. To counteract this problem, some individualized programs devote part of the day to group work.

One self-contained school program for pregnant minors has a daily group session, often with a guest speaker to lead discussions. A public health nurse discusses prenatal care one day, the staff from the infant center plans a parenting class one day each week, a social worker or adoption counselor leads a rap session another day, and so on throughout the week.

Each girl earns one productive hour of credit for participation in these sessions. She is often asked to take notes, to participate in the discussion, write a reaction to the session, or in some other way complete a specific assignment. Her grade depends somewhat on these activities. In other words, if she sleeps or reads a magazine during class, she doesn't earn any credit.

The prepared childbirth physical education class is also on a productive hour basis. If the student is present and participates in the class sessions, she earns credit. She may earn much less than a sesmester's credit if she is absent much of the time, but she still may earn a good grade based on her participation when she is there.

If credit earned by students in this school is averaged, it equals about a semester of credit for each student's semester of work/attendance in each class, much like the comprehensive high school. Individual students' credit is another matter. Students who don't attend class often and/or work very little earn less credit than they might if they were sitting in a comprehensive school classroom. Students who attend class all the time and work hard in school and at home often earn extra credit.

Contract Definition

A simple technique for assigning credit is to make the word "contract" mean the amount of credit granted for one week's work in one course. Thus, each contract is planned to take four or five hours of work for completion by the average student. Contracts vary somewhat according to the needs, interests and abilities of the student.

Many of the book study guides which follow can best be used in conjunction with other materials. A contract assignment may contain a reading assignment from one of these books, a filmstrip to watch with two or three questions covering the material, and a project relevant to the rest of the assignment. If you have

pamphlets and leaflets which add to or reinforce the other materials, include them. Add a few questions over these materials, too.

For the purpose of this book the study guides will be discussed from a credit standpoint as though they were offered as separate assignments. Each of the preceding chapters could easily be set up as a half-semester or possibly a full semester curriculum for the appropriate class.

Science Curriculum

The science assignments might be as follows:

Week One: Having a Baby, "Prenatal Care"

Week Two: Prenatal nutrition assignment

Weeks Three-Four: Facts About Sex OR
Having a Baby, "Conception and Pregnancy," OR A Child Is Born

Week Five: The Secret World of the Baby

Week Six: Having a Baby, "Giving Birth"

Weeks Seven-Eight: "Planning Your Family" OR
Sex and Birth Control: A Guide for the Young

Week Nine: Review and Evaluation

Note that resources are suggested for the prenatal nutrition assignment, but no specific study guides are included. If you use Having a Baby, "Planning Your Family," for your contraceptive assignment, you may want additional materials for the eighth week of course work. Sex and Birth Control is probably worth two weeks of credit.

Testing students' knowledge and understanding of assigned materials is often a dilemma. Students' grasp of these materials, however, can be evaluated.

Making the ninth week's assignment review and evaluation is productive. If a student doesn't learn the vocabulary of pregnancy, for example, she will have

trouble understanding her doctor's suggestions and the comments she will hear at the hospital when she is in labor. Knowing the facts about birth control and being able to answer questions about it does not necessarily result in her using a method even when she does not want to get pregnant again. But if she does not know about the different methods, how can she even make a decision?

The student who completes the above unit should have a good understanding of human reproduction including not only conception, but labor and delivery, and of how to prevent conception. She should be quite knowledgeable about the developmental stages of the embryo-fetus during pregnancy. Most important, she should know (and hopefully act upon that knowledge) a great deal about good prenatal care, especially the importance of eating properly and getting good medical care through her pregnancy.

Parenting Curriculum

If you are offering a parenting class, whether it be parent psychology, family living, child development, marriage and the family, personal psychology, or whatever title you choose, the suggested study guides can provide at least a half-semester curriculum. What you can do is use some of these references as the skeleton of your course, adding other materials as needed.

Ideally, any parenting course includes laboratory work in which the students interact with children. You are fortunate if you have an infant center on your campus where your students can put into practice the concepts they learn from their reading and other class work. If the student is already a parent, s/he has a built-in laboratory at home. If this is so, take full advantage of the learning possibilities involved!

The following credit assignments could be used depending on the reading ability of your students. For those who read at sixth grade level and below, these materials are suggested:

Week One: Having a Baby, "The First Six Weeks"

Week Two: Having a Baby, "The Baby and the Family"

Week Three: A New Baby! A New Life!

Weeks Four-Nine: Child Care OR Infant Care

Week Ten: Ways to Help Babies Grow and Learn

Week Eleven: Feed Me -- I'm Yours!

Students who read more easily would probably enjoy and profit from the above books with the exception of the two assignments from Having a Baby. Choose additional work for them from such books as Infants and Mothers: Differences in Development by T. Berry Brazelton, M.D., and The First Twelve Months of Life by Frank Caplan, ed. See "Additional Resource Materials" for more suggestions.

A New Baby! A New Life! can be worth a full week of credit in spite of its simple text if the final question asking for a description of the student's own baby is completely and creatively done.

Credit suggestion for Feed Me -- I'm Yours! might be made to the student as follows: "One-half contract if you answer the questions and try out the simplest recipes. You can earn one contract if you get involved in the book and try a number of the ideas and report on them."

Evaluation of Parenting Skills

Evaluation of parenting skills is extremely difficult. Quizes can be devised which test the student's understanding of the physical needs of babies including immunizations and coping with illness and accidents.

The student can also demonstrate her/his comprehension of the intellectual development of infants either in writing or orally. S/he can also show whether or not s/he can verbalize a basic understanding of babies' emotional needs. Can s/he conceptualize discipline as a learning rather than a punishing process, for example?

The real test is whether s/he is able to act on all this knowledge. How to test this possible response from her/his studies is unknown, at least so far as long-term interaction with her/his child is concerned.

English Curriculum

Specific assignments for English are hard to plan. From a rational standpoint not only the grade but also the credit granted will differ for the same book. The student's reading and writing abilities, how hard s/he tries, the creative effort s/he exerts, ideally all would be considered when granting credit and assigning grades.

Materials suggested for Teen Parent English are also harder to assign on a group basis. If your students are pregnant, you will assign prenatal care materials to all of them but you won't ask most married students to read "single and pregnant" resources. Neither should you assign books on early marriage to the girl whose boy friend vanished last week when he learned she was pregnant. Sensitively individualizing learning is a complicated process.

Suggested Assignments

In addition to the books described in Chapter 6, The Secret World of the Baby, A New Baby! A New Life! and Sex and Birth Control: A Guide for the Young are excellent selections for English if the student is not already reading them for science or social studies credit.

A semester of English assignments for unmarried students reading at high school level might include Single and Pregnant, A Season to Be Born, One Through Six, The Single Parent Experience, and Sex and Birth Control for about eight weeks of credit. In addition, ask your student to keep a daily journal and to read and report on several novels. See "Additional Resource Materials" for further suggestions. Descriptions of

novels and other stories concerned with teenage pregnancy and parenthood are included.

More Ideas on Credit

A quick examination of A Season to Be Born may merit only one-half contract (one-half week) of credit. On the other hand, if the book inspires the student to write creatively about her feelings concerning her own pregnancy, the assignment is worth more.

Single and Pregnant may take an average student two weeks to complete. "Pregnant and Unmarried" from Having a Baby, a great deal shorter and easier to read, should be worth about one contract of credit to the girl who doesn't read easily. The two books really are not comparable so far as credit is concerned because they differ so much in the amount of information contained and in the reading levels at which they are written.

A good student could complete the assignment for The Single Parent Experience in about two weeks. Assign specific chapters to students who read less easily or who are interested only in certain sections.

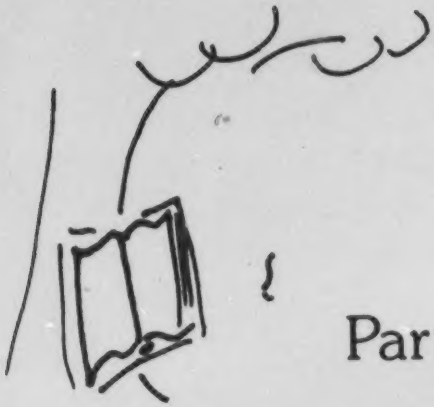
One Through Six is mostly photographs interspersed with a few pages of well-written text describing each of the first six years of life. Grade and amount of credit earned should depend on how completely and creatively the questions are answered. Simply looking through the book and answering questions with a sentence or two may barely be worth a week of credit. If the student takes time to enjoy the pictures, carefully read the material, and answer the questions in some detail--one or two pages for each question--twice as much credit would be merited.

Stress Writing Techniques

For each of the above assignments, stress the importance of using good writing techniques. Insist on complete sentences, correct grammar and spelling.

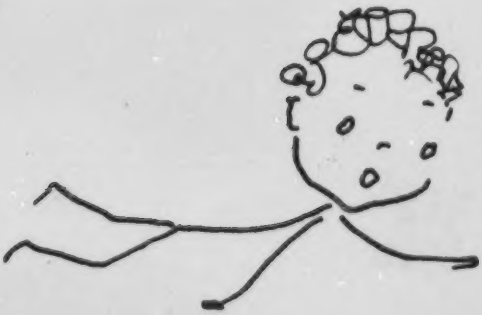
and good choice of words. The best possible way to teach spelling is to circle the misspelled words on the student's paper, but not correct them. Ask the student to correct spelling, study the words, then take a spelling quiz over the words.

Most of these books relate well to creative writing classes. If your school requires a course in composition, adjust assignments to create excellent composition topics.



Part II

THE STUDY GUIDES



8 *HAVING A BABY* "PRENATAL CARE"

By Katie Baer. Kay Koschnick, Ed.

To the Teacher: If you are teaching pregnant students, you may want to use the following material as one of your first assignments for a new student.

Student Objectives:

1. To learn the great importance of getting early and regular medical care throughout pregnancy.

2. To learn the foods a pregnant woman must eat so that she and her baby will be as healthy as possible.

3. To become aware of the discomforts and danger signs of pregnancy--and to be able to distinguish between the two.

4. To learn what to do about various symptoms she may have during pregnancy, and to know which symptoms necessitate a call to her doctor.

READ Having a Baby, pp. 23-43, OR read the separate booklet titled "Prenatal Care."

1. Why should you go to the doctor as soon as you think you are pregnant?

You should see the doctor right away because good prenatal care can prevent a lot of possible problems.

2. Which three months of pregnancy are the most important for the baby's development? Why?

The first three months are especially important because it is during this time that the eyes, ears, brain, and heart are formed.

3. What are some of the questions the doctor will ask (or has already asked you) when you first visit her?

She will ask about sicknesses and operations. She will ask if you have been pregnant before and if you have had German measles or V.D.

4. Why does the doctor want to know the date of your last menstrual period?

This helps her to figure out the date the baby is due to be born.

5. What can be learned from a sample of your urine?

The doctor can tell if you have a bladder or kidney infection or diabetes.

6. Why does the doctor want a blood sample?

She can determine your blood type and if it is Rh+ or Rh-. She can also tell if you are anemic or have syphilis.

7. What will the doctor do during your later visits?

She will weigh you, take your blood pressure, and test your urine sample.

8. Does "eating for two" mean you should eat twice as much while you are pregnant? Explain your answer.

No. It means you must eat twice as WELL in order to get all the nutrients your baby needs, not twice as much.

9. How much more protein do you need while you are pregnant? From which foods do you get protein?

A woman needs about 50% more protein while she is pregnant. Foods high in protein include eggs, meats, cheese, milk, dried beans, poultry, fish, and whole grain cereals and bread.

10. Why do you need calcium? Which food is the best source of calcium?

Calcium is important for body-building. Milk is the best source.

11. Adult women need one quart of milk each day while they are pregnant. Teenagers need two more cups of milk daily than do adults. So how much milk should a pregnant teenager have each day?

She should have 1½ quarts of milk daily.

12. Why do you need iron in your diet? How can you get enough?

You are less apt to become anemic if you get plenty of iron in your diet. You get iron from dark leafy vegetables, liver, eggs, and from iron pills which your doctor may prescribe.

13. How many servings of breads and cereals should you eat each day?

You should have four servings.

14. Describe the amounts and kinds of vegetables and fruits you need each day.

You should have one serving of a dark green or yellow vegetable, one serving of salad or raw vegetable, and two servings of other vegetables plus two more servings of fruit or fruit juice.

15. Write out a day's menus using foods YOU like. Include all the foods a pregnant teenager needs to eat daily so that both she and her baby will be healthy.

16. What could be an advantage in dividing your food into five or six meals instead of the traditional three meals per day?

This could help prevent indigestion.

17. Which foods should you avoid while you are pregnant? Why should you not eat them?

You should not eat foods high in fat, sugar, and starch. You should avoid potato chips, pie, cake, donuts, rich sauces and gravies. These are foods which do nothing but make you too fat.

18. Should you see your dentist while you are pregnant? Why or why not?

You should certainly see your dentist while you are pregnant so that any problems you have can be taken care of.

19. Can you have X-rays of your teeth taken and/or have your teeth filled during pregnancy?

Yes, it's OK to have dental X-rays and fillings done during pregnancy, preferably between the fourth and seventh months.

20. Should you wear a bra while you are pregnant? Why or why not?

Yes, you should wear a bra because your breasts will get fuller and heavier.

21. **Can smoking harm your baby? In what ways?**

Yes Smoking can cause premature babies and too-small babies.

22. **What about drugs during pregnancy? Should you take aspirin or nose drops, for example?**

Drugs can hurt the baby. Don't even take aspirin or nose drops unless your doctor prescribes them.

23. **What can you do if you have morning sickness?**

Get out of bed slowly--rest in bed for half an hour if possible. Keep crackers or dry toast by the bed to nibble before you get up. Eat small amounts of food often instead of three big meals. Don't eat greasy or fatty foods.

24. **Are you apt to feel especially tired during the early stages of your pregnancy?**

Yes, you may feel tired all the time. Get as much rest as you can.

25. **What can you do to help avoid constipation?**

You should exercise. Eat fruits such as prunes, raisins, and apples, and coarse cereals such as oatmeal. Don't ever take a laxative unless your doctor prescribes it.

26. **Why are you more apt to be moody while you are pregnant?**

Pregnancy causes great changes in your hormones and this causes a lot of change in emotions and moods. Perhaps you also have some questions and doubts about your pregnancy.

27. What is a "D & C"? Why is this sometimes done after a miscarriage?

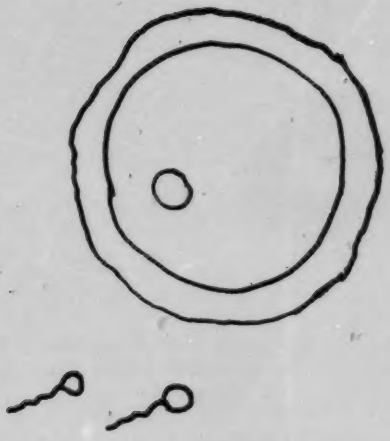
This is a simple operation which cleans out the uterus. This may be needed after a miscarriage.

28. What is toxemia? What are the symptoms?

Toxemia is a condition which causes the body to store too much water which in turn causes high blood pressure. This makes it more difficult for the kidneys to work right so the body retains even more water. Signs of toxemia include sudden weight gain, blurring vision, bad headaches, and swelling in face or fingers.

29. List several danger signals--things that, if any of them happen to you, you should call your doctor right away.

Danger signs include vaginal bleeding, chills and fever, continuous vomiting, and the above signs of toxemia.



9 FACTS ABOUT SEX FOR TODAY'S YOUTH

By Sol Gordon

To the Teacher: This book is written on an easy-to-read level. It is an excellent resource for young people who do not know much about sex.

Student objectives:

1. To learn the basic facts about intercourse and reproduction.

2. To become aware that sexual thoughts and fantasies are not harmful.

3. To learn the symptoms of V.D.

READ "Author's Introduction," pp. 5-7.

1. According to the book's author, most parents think knowing "too much" about sex too early leads to sexual misbehavior. Do most experts agree? Explain your answer.

Most experts think children are more apt to have problems with sex if they don't know anything about it.

2. Do YOU think it's important for young people to understand sex and to know the language involved, including "street" expressions?

3. Why do adolescents often think about sex so much of the time? Is this "normal"?

They often think and fantasize about sex because they are going through physical and emotional changes. Some behavior can be abnormal, but what a person thinks is OK.

4. Can urine come out through the penis during intercourse?

No, it can't.

5. What is puberty?

Puberty is the time in a boy's life when he is first able to make a girl pregnant and the time in her life when the girl is first able to have a baby.

6. The egg cell is called a/an ovum.

7. If a sperm unites with the ovum, it is called fertilization.

8. How long is the fetus 2½ months after conception?

It is less than one inch long.

9. Explain the difference in the meaning of "embryo" and "fetus."

During the first three months of pregnancy the baby is called an embryo. It is called a fetus from that time until delivery.

10. Why is labor called "labor"?

This is because it is such hard work to help the baby go down the birth canal to be born.

11. After the baby is born, the doctor cuts the umbilical cord. Does this hurt the baby?

No, it doesn't hurt her.

READ "Sex--In Plain Language," pp. 10-25.

12. At what age do most boys reach puberty?

They reach puberty between the ages of 12 and 15.

13. Does a boy ever have an erection for no apparent reason, perhaps when he's not even thinking about sex?

Yes, he does.

14. Does the size of a man's penis have anything to do with how much he enjoys sex?

NO!

15. What is semen? Describe it.

It is a whitish, sticky fluid containing sperm.

16. Where are the sperm produced?

Sperm are produced in the testicles.

17. What is a nocturnal emission? Is this normal?

This is a "wet dream" and it is completely normal.

18. When a man ejaculates--or "comes"--he releases (one, 300, millions) of sperm. (Underline correct word.)

19. How large is an ovum?

An ovum is about the size of a grain of sand.

20. How big are sperm?

Sperm are so small they can be seen only through a microscope.

21. How many sperm does it take to make a girl pregnant?

One!

22. Is masturbation physically harmful?

No, masturbation is not harmful.

23. Between what ages do most girls develop sexually?

Most girls develop when they are between ten and sixteen years of age.

24. Describe three signs which show a girl she is developing sexually.

Her breasts become bigger, pubic hair appears around her vagina, and she begins to menstruate.

25. Is it "normal" for girls to masturbate?

Yes, masturbation is normal.

READ "What Is Love?" pp. 25-27.

26. Describe in your own words what "being in love" means.

READ "Sex Before Marriage," pp. 28-32.

27. If a person gets venereal disease (VD) can s/he be cured?

Yes, a person with VD can be cured.

28. Does a woman always know if she has VD?

No, sometimes she has no symptoms.

29. What is a homosexual?

A homosexual is a person who, during adult life, prefers sexual contacts only with people of his/her own sex.

30. If a man is "impotent," what does it mean?

The impotent man cannot have an erection when he wants to have intercourse.

READ "Prevention of Pregnancy," pp. 32-36.

31. What is a contraceptive?

A contraceptive is a device which is used in order to prevent pregnancy.

32. How often must the birth control pill be taken in order to prevent pregnancy?

The pill must be taken every day.

33. How does the diaphragm prevent pregnancy?

The diaphragm keeps the sperm from reaching the ovum.

34. What is an IUD? How is it put in place?

The IUD is an intrauterine device. It is put into the uterus by the doctor.

35. What is a condom?

A condom is a rubber which is rolled onto the erect penis just before intercourse.

36. A condom can be used to prevent VD as well as pregnancy.

37. Does douching help prevent pregnancy?

No, douching does NOT prevent pregnancy.

READ "Questions About Sex," pp. 36-43.

38. How do YOU feel about the author's comments on young teenagers having sexual intercourse?

39. Is it possible for a girl to become pregnant the first time she has intercourse?

Yes, she can become pregnant the first time.

40. What are the author's ideas on whether or not sexual experiences are "normal" or "mature"?

The person is acting voluntarily and not doing something because s/he can't help it.
Both partners agree to the behavior and enjoy it.
Neither partner feels guilty and the behavior seems to make their relationship better than ever.

41. What is the first sign a man will have that he has gonorrhea?

He will have a burning sensation in his penis when he urinates. He may notice pus dripping from his penis.

42. Describe some symptoms of syphilis.

First, there is a sore, usually around the genitals. This may be followed by a rash somewhere on the body. These may disappear, but fever, headache, and sore throat may then occur.

43. If a young person thinks s/he has VD, s/he should go to a clinic immediately for treatment. Will the people at the clinic tell her/his parents?

No, they won't tell her/his parents.

44. How do you think you can help your child understand about sex? In your answer, discuss how and when you think you might talk with him/her, if you think books might help, etc.

10 *HAVING A BABY* "CONCEPTION AND PREGNANCY"

By Norah Shipstone, Karen Winget. K. Koschnick, Ed.

To the Teacher: "Conception and Pregnancy" offers easy-to-read material not only on human fertilization but also gives detailed word pictures of the fetus as it develops in the womb throughout pregnancy.

Student Objectives:

1. To learn how the sperm and egg join together to start a baby.

2. To learn about the development of the embryo/ fetus throughout pregnancy.

READ Having a Baby, pp. 4-21, OR read the separate booklet titled "Conception and Pregnancy."

1. Each cell in your body carries some things that decide what your baby will look like. What are these things called?

They are called chromosomes.

2. How many chromosomes does a human cell have?

Each cell has 46 chromosomes.

3. Where are sperm formed?

Sperm are formed in the man's testes, also called balls.

4. Describe semen.

Semen is a whitish sticky fluid with sperm in it.

5. About how many sperm are ejaculated at once when the man "comes"?

About 400 million sperm are ejaculated.

6. Describe four things the female sex organs do.

1. They accept the male sperm.
2. They build eggs.
3. They have a place for the sperm and egg to meet.
4. They have a place for the fertilized egg to grow into a baby.

7. What does the uterus look like? About how big is it in its non-pregnant state?

It looks like a hollow, flattened pear about the size of a fist.

8. Describe the fallopian tubes. Where are they and how big are they?

Each fallopian tube is three to five inches long. One is on each side of the uterus.

9. Describe the ovaries.

The ovaries are flat and oval, about the size and shape of almonds.

10. Where do the sperm and egg meet as conception takes place?

They meet about halfway along the tube.

11. Describe menstruation--what causes it, when it happens, etc.

The uterus gets ready each month for a baby to grow there. If pregnancy does not occur, the egg breaks up and leaves the body through the vagina. The extra blood and lining of the uterus are expelled. This happens within about two weeks after the egg leaves the ovary.

12. Why is it easier some times than others for the sperm to swim through the cervix?

For three or four days before and while the egg leaves the ovary, the cervix is filled with a thin, watery mucus. Sperm find it easier to swim through. During the rest of the month the cervix is filled with thick, sticky mucus which traps sperm.

13. How long do sperm live in a woman's body?

They live 36 to 48 hours.

14. Describe what happens during the week after the sperm meets the egg and digs into it.

The joined sperm and egg have 23 pairs of chromosomes. This cell divides into two cells, which then divide into four. They go on dividing to make many more cells which

stick together into a solid mass. This mass of cells moves down the tube and reaches the uterus three or four days after conception. By the end of the first week, the growing egg starts planting itself into the lining of the uterus.

15. Can you get pregnant the first time you have sex?

Yes, you can.

16. Can you get pregnant during your period?

Yes.

17. Can you get pregnant while you are breast feeding your baby?

Yes.

18. Which are the best days in your monthly cycle to get pregnant?

You can get pregnant most easily on days 13 and 14 of your monthly cycle.

19. What decides whether the baby will be a boy or a girl?

Ova carry X chromosomes. Some sperm carry X, some carry Y chromosomes. If an X chromosome from the sperm fertilizes the egg, the baby will be a girl. If it is a Y sperm, it will be a boy.

20. List some of the things that affect your chances of having twins.

Factors include your age (less likely if you are younger), how many children you already have (less likely with the first one), your race (blacks are more likely to have twins). Your family history of twinning is also relevant.

21. What is the difference between fraternal and identical twins?

Fraternal twins come from different eggs while identical twins start with one egg.

22. What is the job of the placenta?

The placenta feeds the embryo/fetus.

23. Describe the placenta--what it looks like and how it works.

It looks something like a flat cake. It sends food and oxygen from the mother's blood to the baby through the blood vessels in the umbilical cord. It also removes the baby's wastes.

24. What is the amniotic sac?

It is the bag of waters--the thin sac which grows around the baby.

25. What is the purpose of the amniotic fluid?

It acts as a shock absorber, protecting the baby from its mother's bumps and falls. It also keeps the baby from getting too hot or cold.

26. What does the baby look like six weeks after the start of your last period?

The head looks like a big bulge. The eye is beginning to form, as are the brain and spinal cord. The heart is already beating, a few blood vessels are present, and liver, organs of digestion, and lungs are starting to form. At this stage the embryo is one-fourth inch long.

27. What parts start forming at eight weeks?

The face and ears begin to develop.

28. At what age does the fetus begin to look like a tiny baby? How big is it at this stage?

At nine weeks it begins to look something like a tiny baby. It is 1 1/5 inch long.

29. What does the fetus look like at the end of three months?

Its arms, legs, hands, feet, fingers, and toes are entirely formed. It has finger and toe nails. Internal organs are working. It moves a little. It is three inches long and weighs one ounce.

30. When does the baby get eyebrows and eyelashes?

They appear at the end of four months.

31. Describe the fetus after six months of pregnancy.

The fetus is covered with a cheese-like secretion. It has hair on its head and its skin is wrinkled. By this time it is 14 inches long and weighs two pounds.

32. How big is the average baby at the end of seven months of development? Will it survive if born now?

It is 16 inches long and weighs about 3 3/4 pounds. It has a better than 50% chance of living if born now.

33. What are the baby's chances of living if it is born at the end of eight months of pregnancy?

It has a 90% chance of surviving.

34. Compare the non-pregnant uterus with a uterus at the end of nine months of pregnancy.

Before pregnancy, the uterus is about three inches long and weighs about 2½ ounces. At delivery it is about 12 inches long and weighs 2½ pounds.

11 A CHILD IS BORN: THE DRAMA OF LIFE BEFORE BIRTH

Photographs by Lennart Nilsson
Text by Axel Ingelman-Sundberg
and Claes Wirsen

To the Teacher: This book, first published in Sweden, combines a scientific explanation of conception and pregnancy with practical suggestions for the mother-to-be. It is not easy to read. Note: The study guide was prepared for the 1965 paper edition of A Child Is Born. It is still in print (1977).

Student Objective:

To become knowledgeable about human fertilization and the development of the embryo/fetus throughout pregnancy.

READ "A Child Is Born," pp. 11-18. Read EVERYTHING including the material with the illustrations.

1. Explain the following quote: "All land animals still live in a kind of primeval ocean" (p. 14).

The ocean is within themselves. Every cell in the body floats in salt water. Nourishment is dissolved and waste products are removed from this "ocean." The ova and the sperm meet and join together in this salty water.

2. What is external fertilization?

This refers to fertilization which occurs outside the bodies of the creatures involved.

How does this differ from internal fertilization?

Fertilization occurs inside the body of the female.

3. What is the purpose of the shell on the eggs of reptiles and birds?

The shell keeps the small amount of salt water inside from drying up until the young are developed enough to exist on their own.

READ "Millions of Sperm," pp. 18-31.

4. Describe the contents of a sperm.

The sperm contains concentrated genetic material.

5. Do most of the sperm, upon ejaculation, reach the ovum?

No, most do not. Very few even get near the ovum.

6. What is the pituitary gland? What is its purpose? (See the illustration on page 20.)

It is a small organ at the base of the brain. It puts stimulating hormones into the blood.

7. Describe estrogen and progesterone. What is the purpose of each?

Estrogens are the follicle hormones. They permit the rebuilding of the uterine mucous membrane after each menstrual bleeding.

Progesterone is the corpus luteum hormone. It starts secretions from the glands and prepares the uterine lining for the implantation of the fertilized ovum.

8. What happens to the corpus luteum if fertilization does not occur?

The corpus luteum quits producing hormones and menstruation occurs. The uterine lining is discarded.

9. The glands of the cervix secrete a tough plug of mucus—the plug that protects your baby before it is born. What happens to that plug (in a woman who is not pregnant) when the ovum is ready to be fertilized?

Estrogens from the follicle change the plug into a smooth, glassy stream. Sperm can travel in this stream towards the waiting ovum.

10. Define viscid. ("During the major part of the menstrual cycle the cervical mucus is thick and viscid [p. 22].)

Viscid means thick and adhesive.

11. Compare the production of sex cells of a man and of a woman--how many are produced, when are they produced, etc.?

The man produces millions and millions of sperm from puberty to old age.

The woman has about 400,000 sex cells in her body when she is born. She will not create any more.

12. In what ways are the male and the female production of sex cells similar?

Both have sex glands which perform the double job of producing germ cells and of synthesizing male or female sex hormones.

13. Where is the pituitary in the human body? What does this have to do with mood changes?

It is located very close to the part of the brain where emotions are controlled. Therefore the pituitary is connected with mood changes.

14. Explain (p. 30), "The penetration of sperm in the cervical mucus is very much like the progress of a fleet of small boats up a river full of invisible logs."

The molecules in the cervical mucus form barriers. The sperm must somehow swim around these barriers in order to reach their destination--the ovum.

15. For how long can an ovum be fertilized after ovulation?

The ovum can be fertilized for only about 24 hours after ovulation, perhaps less.

16. How long can sperm "last" before finding an ovum to penetrate?

Sperm can survive for at least two days.

17. Explain the idea of the "egg-producing cell." How does it differ from an ovum?

An egg-producing cell divides twice in order to produce an ovum. The second division occurs only if a sperm is present because this ensures a fresh ovum being available.

READ "The First Encounter," pp. 33-41.

18. Define cytoplasm.

The cytoplasm is the protoplasm outside a cell nucleus.

19. What happens to each chromosome during cell division?

Each chromosome is split into two identical halves. In this way the genetic material is equally spread between the two new cells.

20. Each chromosome contains (one, several, hundreds, thousands) of genes. (Underline the best answer.)

21. Define:

Vesicle: A small bladderlike cell or cavity.

Endoderm: Inner germ layer of the embryo.

Ectoderm: Outer germ layer of the embryo.

READ "The Second Week," pp. 42-49.

22. Explain how the urine test for pregnancy works.

If conception occurs, the urine begins to contain the hormone chorionic gonodotropin (HCG). By mixing a urine sample with a solution of antibodies against HCG plus a suspension of HCG-coated red blood

corpuscles or latex particles, the presence or absence of HCG can be detected. If it is present, pregnancy has occurred.

23. What is the chorion?

The chorion is the smooth-surfaced outer fetal membrane.

24. Describe the baby as it is during the fourth week.

It has a blunt head end with a big primitive mouth cavity just above its bulging heart. The other end tapers off into a small and pointed tail.

READ "The Embryo--Fish or Fowl?" pp. 50-51.

25. Compare the human embryo and the fish embryo--how are they alike and how are they different?

Both start as one cell. Both have six arches between the mouth and the heart, but they make different use of them. Both have the same early, primitive features but they use them differently. The fish embryo gets its food from the yolk sac while the human embryo makes blood corpuscles from the yolk.

READ "From Embryo to Fetus," pp. 53-71.

26. Why does the author call the sixth week in the life of the fetus the "period of design"?

This is the time when the arms and legs, body and face take shape "as though sculptured from inside" (p. 59).

27. Where is the main part of the circulatory system after conception has occurred? What happens there?

The main part is out in the big placenta. Blood is oxygenated and gets its nourishment there. At the same time carbon dioxide and waste products are filtered out.

READ "First Visit to the Doctor," pp. 72-82.

28. Why does the doctor need three samples of blood from the pregnant woman on her first visit?

From one sample he learns whether or not she has syphilis. One is used to learn her blood type, and the other is taken for a blood count.

READ "Girl or Boy?" pp. 83-101.

29. When is the sex of the baby decided? Explain.

The sex is decided at the time of conception. If a Y sperm fertilizes the ovum, the fetus will be a male. If it is an X sperm, it will be a female.

30. What are erythrocytes? What is their purpose?

The erythrocytes are the red blood corpuscles which transport oxygen.

31. What are the lymphocytes?

These are the white blood cells which are involved with building immunities.

32. Describe the eight week old fetus.

It is more than one inch long. It has more of a face below the eyes, but no fully developed lower jaw. The ears seem low.

33. What does the fetus look like at four months?

It is six inches long with a tiny chin and eyes which seem too far apart and too big. The arms and hands are shaped with nails on the fingers.

34. Why does the skull remain flexible, without the final fusion of the skull bones happening until just before puberty?

The head must get through the narrow birth canal during delivery, and, in addition, there must be room to allow the brain to grow for it is not fully developed at birth.

READ "Another Visit to the Doctor," pp. 103-119.

35. What can you learn about your health during pregnancy if you take off a ring you have been wearing for some time?

If the ring is very tight and hard to get off because of swelling in the finger, it probably indicates retention of water in the tissues. This might be a sign of toxemia.

READ "Closed Eyes," pp. 120-124.

36. What happens to the fetus' eyelids at the beginning of the third month? Why?

The eyelids fuse shut, are "glued together." This protects the eyeballs while they develop.

READ "The Placenta--Mediator of Nourishment and Protective Barrier," pp. 125-137.

37. Describe the full-term placenta.

It is about the size of a soup plate and weighs 18 ounces. It contains almost 100 cubic centimeters of fetal blood. It has several partitions in its basin-like shape which are covered by the chorion and the amnion.

38. How early may hair start to appear on the fetus? What is lanugo?

It may start to appear by the beginning of the third month of fetal development. Lanugo is a soft hair which develops all over the body, but most of this is shed before birth.

39. What is sebum and what is its purpose?

Sebum is an oily substance which keeps the hair lustrous and the skin soft while the baby floats in the water of the amniotic sac.

40. What is vernix caseosa? Describe it.

Vernix caseosa is a protective ointment formed from the sebum. It makes the newborn infant look a little greasy.

41. How do babies differ even before they are born?

Some babies seem to be calm and quiet during pregnancy while others get upset easily and kick a lot more than do other babies.

READ "A Third Visit to the Doctor," pp. 138-158.

42. Can the doctor do anything about the position of the fetus?

Yes, the doctor can often move the fetus into a head-down position for delivery if the fetus doesn't go into that position by itself.

43. Evaluate the book. Did you like it? Did you learn anything new--or was it much like other books you have read?

12 THE SECRET WORLD OF THE BABY

By Beth Day and Dr. Margaret Lilley

To the Teacher: Written at a fifth grade reading level, this is a beautifully written and illustrated book which appeals to nearly everyone.

Student Objectives:

1. To learn about conception and the development of the fetus.

2. To learn of the needs, especially the emotional needs, of the baby during her early life.

READ Chapter 1, "New Life Begins," pp. 3-9.

1. How can you compare a baby's life before birth with that of an astronaut in outer space?

Both live in a restricted world and have extra parts to their bodies. They breathe and eat differently.

2. Define fetology.

Fetology is the branch of medicine concerned with the study of the unborn baby.

3. Why is the mother's egg cell so much bigger than is the father's sperm cell?

The egg cell must contain the first food the embryo needs in addition to producing half of everything the baby inherits.

4. Chromosomes are made up of hundreds of tiny genes. What is the purpose of these genes?

Color, shape and size of our physical characteristics are decided by our genes.

5. Explain the difference between a dominant and recessive gene.

A dominant gene always controls a characteristic while a recessive gene produces a characteristic only if its partner is the same.

READ Chapter 2, "The Baby as an Astronaut," pp. 10-16.

6. Describe the placenta. What is it? What is its purpose? How does it work?

It is a pancake-shaped organ which at birth is about the size of a salad plate. It trades waste for food and oxygen, so it performs the work of kidneys, intestines, liver, endocrine glands, and lungs of the adult.

7. Explain why it is impossible for the umbilical cord to get knotted or tangled around the baby as she swims around in the amniotic fluid.

The cord is always stiff because of the blood flowing through the arteries and veins inside it, it is a spiral coil like a telephone cord, and it always has a slippery surface. Each of these reasons makes it practically impossible for the cord to get knotted.

READ Chapter 3, "A Weightless World," pp. 17-22.

8. Why does it not bother a baby to be upside down in the mother's uterus?

The baby is weightless so there is no pull of gravity.

9. Why is the unborn baby not apt to feel anything if her mother falls down?

The baby is buoyant and is protected by the fluid in the amniotic sac.

10. Why is she not apt to get sick while she lives inside her mother's body?

There are no germs inside the amniotic sac.

11. If the baby swims all during her life in her mother's womb, why will she still have to learn some new techniques in order to be a good swimmer after she is born?

Swimming in the fluid atmosphere of the amniotic sac is quite different from swimming while breathing air. Before birth her lungs contain fluid while after delivery they must contain air.

12. Describe the "job" of the baby's heart one month after conception.

The heart must pump blood through the tiny arteries to the baby's lungs, arms, brain, and organs. The blood returns to the heart through the veins. The blood is then pumped through the umbilical cord to the placenta where the baby's blood vessels draw nourishment from the mother's blood stream.

READ Chapter 4, "Seeing and Hearing Before Birth," pp. 23-28.

13. What, if anything, does the baby hear before she is born?

She hears her mother's heartbeat and the sounds of her intestinal tract digesting food. If the mother drinks anything bubbly, the noise will be quite loud to the baby. Her mother's voice, loud music, jet planes are among the other things she can hear.

14. Discuss rhythm and the unborn child. In what ways does rhythm affect her?

She is affected by the rhythm of her mother's heartbeat. The baby moves rhythmically as she swims and floats in the amniotic sac. She swallows and even hiccups rhythmically.

15. This author has an interesting theory about new babies so often crying during the early evening when mother is extra busy getting dinner. What is this theory?

Before delivery, the mother kept the baby awake during this time because she was so busy cooking and taking care of her other children. After delivery the baby continues to be awake at that time because of this habit formed before birth!

READ Chapter 5, "Learning to Eat and Cry," pp. 29-35.

16. How does the baby "practice" swallowing before she is born?

She takes gulps of the fluid that surrounds her and swallows it.

17. Do unborn babies cry? Explain.

She opens her mouth and cries. The difference is that because of the fluid in which she lives, the unborn baby's cries make no sound.

18. Why does the new baby have so much less strength in her neck than she does in her arms and legs?

While she is in the womb, she has almost no chance to exercise her neck muscles but she can exercise her arms and legs quite a lot before birth.

READ Chapter 6, "Growing Toward Birth," pp. 36-44.

19. Explain why most babies are born head first.

Lying in the womb head down so the curled up legs and thighs can fit the bigger, upper part of the womb is the most comfortable position for the baby during the last weeks before birth. During this time she feels very crowded.

20. The baby is apt to be most comfortable when the mother is in what position?

She probably prefers having her mother stand upright so that the womb feels something like a hammock to her.

21. How does the mother's body prepare days, sometimes weeks ahead of time for the baby's birth?

Her uterine muscles begin contracting and relaxing periodically which prepares the womb for the work of delivery. These contractions also help get the baby in the right position for birth.

READ Chapter 7, "Being Born," pp. 45-53.

22. What happens to the work of the heart when the umbilical cord is clamped off after delivery?

Her heart starts pumping blood into her lungs. Then the lungs start providing oxygen and discharging carbon dioxide--the former job of the placenta.

23. Explain why a baby cries immediately after birth. Discuss several reasons.

Delivery makes the baby terribly tired and sore. The hospital delivery room seems cold to her, and the lights are apt to be blinding. The whole process of birth is very hard on her.

READ Chapter 8, "The Newborn," pp. 54-60.

24. How does the design of the baby's skull help in the birth process? How is this design different from an adult's skull?

Her skull is open and unjoined, while an adult's looks as if it were all one piece. (The skull is really six separate pieces which have joined together by the time the person is an adult.)

25. Why is a prematurely born baby apt to look a little like a little old man?

If the baby is born early, she doesn't have

the fat that she would have gained during the last few weeks before full-term birth.

26. What "good" are the baby's eyes at birth?

She can see, but she doesn't know anything about size, shape and color of things. She isn't able to focus yet so she may sometimes look cross-eyed. But this will correct itself.

READ Chapter 9, "Learning About Love," pp. 61-68.

27. How is a baby introduced to the emotion of love?

When her mother holds her and comforts her, she first learns about love. It is through touching other human beings that she becomes aware of the emotion of love.

28. Why is being close to another human important to a baby?

The baby needs to be close to her mother or another human being so that she will feel safe and secure in this new world.

READ Chapter 10, "Crybaby," pp. 69-75.

29. How does the author compare a baby's crying with bird calls?

The baby's crying soon sounds different depending on whether it is a cry of hunger or other discomfort. The bird uses different sounds, too, to express different things such as danger, mating call, etc.

30. How is crying the beginning of speech?

When the baby learns that crying will bring mother, and that different kinds

of crying will get different results, she is beginning to communicate--which is the beginning of speech.

31. Why is it a good idea to put the baby in her infant seat near you while you work when she is awake?

She gets bored and lonely, and likes being with you.

32. What is apt to happen to babies who never have their cries answered?

They may grow up to be "wooden" people. When they try to communicate with others, it is like a long distance phone call with a poor connection--they can't quite make contact.

READ Chapter 11, "The Baby and His Mouth," pp. 76-80.

33. If you hand an older baby a toy, why is she apt to put it into her mouth instead of first examining it with her eyes?

She probably can't see the toy very clearly yet, which means she can learn more about it by examining it with her mouth and her tongue.

34. Describe the new baby's vision--how well can she see?

It is probably quite hazy. Nothing is in sharp focus.

READ Chapter 12, "Learning to Communicate," pp. 81-88.

35. How can you help your baby learn to talk? Be specific, and discuss several different ideas.

Repeat the sounds she makes, but don't confuse her by using baby talk. Talk to her a lot about the things that interest you. Show her you are pleased when she does say a word. Encourage other children to talk to her.

READ Chapter 13, "Growing Up: The Body," pp. 89-96.

36. Why might a four-month old baby refuse food which she seemed to enjoy at the age of two months?

Her sense of smell becomes much more developed which makes some flavors seem disagreeable that were acceptable before. Because her taste buds are so new and sensitive, disagreeable flavors can seem painful to her.

37. What do the authors mean when they write that the baby grows "by fits and starts"?

She will not grow steadily up and out, but instead will grow taller at some times, rounder at others.

38. In what ways, if any, is a new baby "ahead" of a new puppy in development?

The baby can see better at birth than can a puppy, and her hands are much more useful than are the dog's paws.

39. At what age can most babies sit up by themselves?

Most babies are able to sit up by six months of age.

READ Chapter 14, "Growing Up: The Mind," pp. 97-108.

40. Explain some of the differences between the brain of a human and the brain of a dog.

The dog's brain flattens out over its eyes and ears, while the human baby's rises into a hump.

41. What is the basic difference between the way a baby goes about learning something and the way an adult or older child will?

The baby doesn't have much in the way of experience and knowledge to build on, so each thing she learns is entirely new. She does not try to understand it, as an adult would, but instead she simply absorbs it.

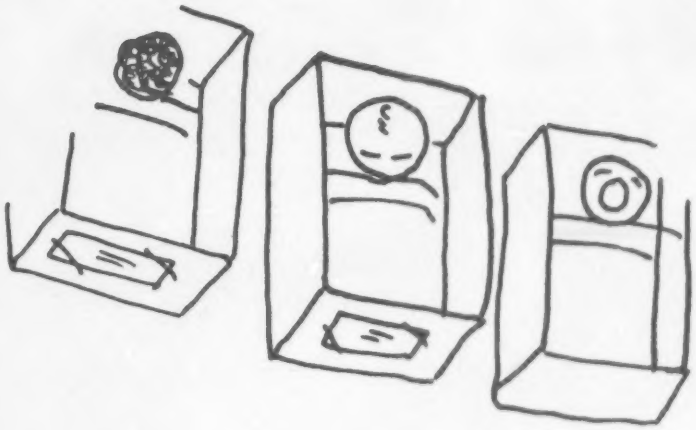
42. Why does the baby learn so rapidly, much faster than she will when she is older?

She is learning strictly to satisfy herself, and she is not yet afraid of failing. Later she will learn some things because others want her to, and she will sometimes become afraid of failing.

43. Discuss this statement: "The baby should be free to experiment, to try, to explore, as far as his thirst for knowledge leads him" (p. 108).

Instead of penning up a baby, let her be as free physically and mentally as possible. This is how she will learn the most about the world.

44. Please evaluate the book. Who do you think might enjoy reading it? Have you read other books that say pretty much the same thing? What were they?



13 *HAVING A BABY* "GIVING BIRTH"

By Katie Baer. Kay Koschnick, Ed.

To the Teacher: Even if you aren't assigning the rest of Having a Baby to your academically able students, you may want to include this section in their work. Although simply written at a 5.1 reading level, it gives a good detailed description of labor and delivery.

Student Objectives:

1. To learn the beginning signs of labor, and the pattern followed in most labor and delivery periods.

2. To learn what to expect immediately after the baby is born, and of the possibility the mother will encounter post-partum depression.

READ Having a Baby, pp. 45-69, OR read the separate booklet titled "Giving Birth."

1. Why is labor called "labor"?

   It is called Labor because it is such hard work.

2. How much does your uterus weigh when you aren't pregnant?

   It weighs 2½ ounces.

3. How heavy does your uterus become during pregnancy?

   When the baby is born, the uterus weighs about 2½ pounds.

4. What is "dilation" of the cervix? How much does it dilate?

   Dilation is the stretching that happens so the baby's head can get through. It stretches to about four inches.

5. Describe how dilation occurs and what makes it happen.

   The uterine muscles begin to contract. This forces the baby against the cervix which in turn forces the cervix to open.

6. What is the first stage of labor?

   The first stage of Labor is the time during which the cervix is opening or dilating.

7. When you are in the first stage of labor, what happens between contractions?

   You don't feel any pain at all so you can use this time to rest.

8. How long is the first stage of labor for the average woman?

The average time is about twelve hours.

9. What is the transition part of labor? How long does it usually last?

It lasts 20 to 45 minutes and occurs at the end of the first stage of labor when the cervix is becoming fully dilated.

10. What is the second stage of labor?

The second stage is delivery--when the baby goes through the cervix, down the birth canal, and out.

11. How can a woman usually help during the second stage of her labor?

She can help push her baby out.

12. How long does this second stage usually last?

It usually lasts 3/4 to 1½ hours.

13. What is an episiotomy?

An episiotomy is the little cut the doctor usually makes between the vagina and the anus. He does this to help the baby come out more easily.

14. Does it hurt the baby when the doctor clamps, then cuts the umbilical cord?

No, it doesn't hurt the baby.

15. Why is the placenta sometimes called the afterbirth?

It is delivered after the baby's birth.

16. What is the third stage of labor?

Delivery of the placenta is the third stage.

17. Describe some possible early signs of labor.

Often it begins with a low backache. You may feel like you have menstrual cramps.

18. Describe three signs of labor.

1. Regular contractions.
2. Bloody show which is a blood-colored clot of mucus
3. The bag of water breaks.

19. How can you tell if the contractions you are feeling are false labor or the "real thing"?

When you feel a contraction starting, change position. Lie down if you were standing up--stand up, walk around if you were lying down. Changing position may stop false labor, but not true labor.

20. What should you do when labor starts? Should you go immediately to the hospital?

It is probably better to stay at home in the beginning of labor, but do call your doctor. Don't eat. Time your contractions so you can tell your doctor how far apart they are and how long they last.

21. How do you plan to pay for your doctor and hospital costs?

22. What is "rooming-in"?

The mother and her baby share the same hospital room.

23. Should you preregister at your hospital? Have you done this?

You should preregister because it is easier to fill out the papers before you are in labor.

24. Who will be your baby's pediatrician?

25. Describe some good things about breastfeeding.

Breast milk is just right for most babies. It is clean, safe, and the right temperature. Nursing helps the uterus return to normal size. Breastfeeding provides lots of cuddling and love for mother and baby.

26. Why do some mothers choose not to breastfeed?

Sometimes she wants someone else to share in the work of feeding the baby. She feels she will be too tied down to the baby. Formula today is very much like breast milk and is good for the baby.

27. Do you plan to breastfeed or bottle feed your baby?

28. What do you learn in prepared childbirth classes?

You will learn how to help make labor and delivery easier--how to relax and how to breathe. You'll learn how to exercise to get your body in shape for delivery.

29. Why might you want less drugs during delivery?

The less drugged the mother is during delivery, the more alert the baby will be.

30. What do YOU need to pack to take to the hospital?

31. What happens when you get to the hospital?

You check in at the business office. You fill out registration forms unless you preregistered. You go to a labor room and undress. The nurse will take blood and urine samples, weigh you, take your blood pressure. The doctor will probably give you a vaginal examination to see how far your cervix has dilated. The nurse may shave your pubic hair and give you an enema.

32. What is the purpose of an analgesic? Give an example of one.

An analgesic deadens pain. Demerol is an analgesic.

33. Why is the doctor careful NOT to give analgesics too early and not to give too much?

Giving an analgesic too early or giving too much can slow down labor and even stop it, and it does go across the placenta to the baby.

34. What is a general anesthetic? What parts of the body does it affect? How does it affect the baby?

It may be gas or it may be an injection. It affects the woman's whole body, and could put her completely to sleep. It may make the baby very sleepy at birth.

35. What do local and regional anesthetics do?

They put part of your body to sleep. They block the nerves so they can't carry pain signals to the brain.

36. What happens to the baby immediately after birth?

She is tagged with her bracelet which matches yours. The doctor clears the mucus from her throat and nose and puts drops in her eyes.

37. Describe a forceps delivery. What do forceps look like?

The doctor uses forceps--which look like a pair of tongs--to help the baby be born.

38. Why might forceps be used during a delivery?

Perhaps delivery time needs to be shortened for the safety of baby and mother. Sometimes the mother has had so much

anesthetic that she can't help push the baby out. If this happens, the doctor may have to use forceps.

39. **What is a breech birth?**

In a breech birth the baby is born bottom or feet first.

40. **What is a Caesarean section?**

It is an operation in which the woman's belly and uterus are cut open. The doctor lifts the baby out of the uterus, then sews up the uterus and belly.

41. **What is induced labor?**

This means that before labor has started, the doctor gives the woman a drug to make her uterus start contracting.

42. **What are some reasons for inducing labor?**

This is sometimes done if the mother has toxemia or diabetes--or if the baby is several weeks overdue.

43. **At what birth weight is a baby considered premature?**

A "premature" baby weighs less than 5½ pounds.

44. **What happens to a premature baby at the hospital?**

She will probably stay in a special nursery in a heated incubator. She will receive special feedings, and may stay at the hospital several weeks after birth.

45. **Describe a newborn baby.**

She may be red and wrinkled with an oddly shaped head. She is covered with waxy material. Her head seems big for her body. Her chest is narrow and her belly is big.

46. What is circumcision? If you have a boy, do you want him circumcised?

Circumcision is a simple operation in which the fold of skin at the end of the penis is cut away.

47. Describe several things which happen during the first few days after delivery.

You will bleed from your vagina, something like menstrual bleeding. The uterus will start returning to its normal size. You will need to urinate a lot soon after delivery.

48. What is postpartum depression?

You get depressed, you may cry a lot, and you may feel you're not really sure you want this baby. It's just too much responsibility.

49. What are two reasons postpartum depression may hit you?

These moods are partly caused by hormone changes and partly by the big change in your life caused by having a baby.

50. If you think you have the "baby blues," what can you do about it?

You can talk to friends. You may want to talk to your doctor about it.

14 *PRENATAL CARE*

Office of Child Development
U. S. Department of Health, Education, and Welfare

To the Teacher: This is a good overall booklet on pregnancy which costs only $1.05. You may find it repetitive if you are using other resources.

Student Objectives:

1. To learn what to expect during pregnancy, labor, delivery, and the post-partum period.

2. To become aware of the need for good medical care and an adequate diet during pregnancy.

3. To learn about the development of the fetus during pregnancy.

READ "So You Are Expecting a Baby," pp. 1-4.

1. What are two reasons you should see your doctor immediately if you think you might be pregnant?

You need to find out if you really are pregnant. If you are, you need medical care early in your pregnancy for the sake of you and your baby in order to prevent trouble later on.

2. Describe some symptoms of early pregnancy.

Most women suspect pregnancy when they miss a menstrual period. Their breasts may become tender and/or bigger. They may have some morning sickness, and they may urinate more often than usual. They also may get tired more easily.

3. What are some of the questions the doctor will ask you at your first pregnancy examination?

She will ask if you have had other pregnancies and/or miscarriages. She will be interested in your menstrual history and in any illnesses you or anyone in your family have had.

4. What does the doctor learn from your blood sample?

Blood tests show your blood type, your Rh factor, and whether or not you are anemic.

5. What will your doctor check in later examinations? Why?

She will check your weight, blood pressure and urine, and measure your abdomen. These tests show the doctor whether or not your pregnancy is progressing normally or whether special precautions must be taken.

6. How can you figure out your baby's due date? When is your baby due?

To figure the due date, start with the first day of your last menstrual period. Count ahead nine months and then add seven days.

READ "What Is Happening?" pp. 5-8.

7. At what point in a baby's development is its sex, color of its hair and eyes, and other physical characteristics determined?

These things are determined as soon as the egg is fertilized.

8. Describe the differences between fraternal and identical twins.

Fraternal twins start from two separate fertilized eggs while identical twins result from one fertilized egg which divides completely in two so that each twin develops separately. Identical twins will look alike and will be of the same sex.

9. How big is the baby and what is it called when you are four weeks pregnant? Which organs are beginning to form?

It is 1/4 inch long and is called an embryo. The heart, brain and lungs are beginning to form and the placenta is starting to develop.

10. What is the umbilical cord and what is its purpose?

It is like a tube through which the embryo is fed from the placenta and carries wastes away from the baby.

11. What is amniotic fluid and what is its purpose?

The amniotic fluid is the liquid inside the sac in which baby grows until she is born. It protects her from bumps and pressure.

12. At eight weeks of pregnancy, what is the embryo called? What does it look like?

It is called a fetus and it begins to look like a human being. The arms and legs are starting to form and the brain is developing rapidly.

13. How is the baby developing at twelve weeks (three lunar months)?

The fetus weighs about one ounce and is three inches long. The nails on the fingers and toes are developing and a little hair is starting to grow on the baby's head.

14. How big is the baby at 16 weeks?

It is about 6½" long and weighs 4 ounches.

15. At what stage can the doctor first hear the baby's heartbeat?

She can usually hear the heartbeat after 20 weeks of pregnancy.

16. What is "quickening"?

This refers to the time the mother first feels the baby move inside her.

17. Describe the fetus at 24 weeks of development.

It will look like a miniature baby with wrinkled, red skin. The fetus weighs about 1½ pounds and is about 12" long.

18. What is vernix caseosa?

This is a creamy substance which covers the baby's skin from about 28 weeks until delivery. It protects the baby's skin from the amniotic fluid.

READ "What Should I Eat and How Much Weight Should I Gain?" pp. 9-13.

19. What are the four food groups from which you should eat every day?

These groups include the milk group, meat group, vegetable and fruit group, and the bread and cereal group.

20. The booklet states you need four servings of milk each day during pregnancy. The booklet is written for adult women. Teenagers need two cups more of milk than do adults. So how much milk does a pregnant teenager need?

She needs to consume six servings (cups) of milk each day.

21. How much food from the meat group do you need each day while you are pregnant? List several foods included in this group.

You need at least two servings from the meat group each day. These foods include hamburger, chicken, cooked dried peas and beans, and other items.

22. How many servings of fruits and vegetables do you need? What kinds of nutrients do you get from fruits and vegetables?

You should have four servings each day because they will give you many of the vitamins and minerals you and your baby must have.

23. How much bread and cereal do you need each day?

You should have four or more servings every day.

24. According to this booklet, what is the average weight gain during pregnancy? How much of this weight

should you gain during each trimester of pregnancy?

A gain of 20-25 pounds during pregnancy is considered "normal." During the first trimester most women gain little or no weight, and during the second trimester, they usually gain about one-half pound each week. During the last three months they usually gain 3/4-1 pound each week.

READ "Things You Will Want to Know About Your General Health," pp. 15-18.

25. Is walking good for pregnant women? What about other exercise?

Walking is good because it uses the muscles of your entire body. If you are used to certain sports activities, you probably can continue them throughout most of your pregnancy.

26. Will stretching your arms hurt your baby?

No, stretching will not harm her.

27. Is it all right to travel while you are pregnant?

Yes, it is all right to travel during your pregnancy as long as you don't get too tired. You should not travel far late in your pregnancy because you might go into labor at an inconvenient time or place.

READ "Some Questions About Personal Hygiene and Appearance," pp. 19-23.

28. Should you wear a bra during pregnancy? Why or why not?

Yes, you should wear a bra because your breasts are bigger and need support.

29. Should you use a douche if your doctor has not recommended it?

No, you don't need to use a vaginal douche during pregnancy.

30. Is it necessary to lose a tooth for every baby? How can you prevent this?

No, there is no reason for the old idea that a woman loses a tooth for each child she has. You should see your dentist early in your pregnancy. Have cavities filled as necessary.

31. Should you take medicines and drugs during pregnancy? What about aspirin?

You should not take any drugs or medicines unless your doctor prescribes them, not even aspirin.

32. What is the risk in smoking while you are pregnant?

More babies are born with low birth weight to mothers who smoke than are born to those who don't.

READ "Your Feelings and the Family," pp. 25-26.

33. Is it normal for a pregnant woman's mood to change often, for her to be happy, then suddenly feel like crying? Does this ever happen to you?

Yes, it's normal for a pregnant woman's emotions to change quickly.

READ "Some Common Complaints and What to Do About Them," pp. 27-34.

34. Do you get tired more easily and more often than you used to? What can you do about this?

Get plenty of sleep at night and rest as you need to during the day.

35. Why do you have to urinate so frequently during the first three months of pregnancy?

The growing uterus presses against your bladder.

36. If you have a burning sensation when you urinate, should you tell your doctor? If so, why?

Yes, you should tell your doctor so she can find the reason and help stop it.

37. What kind of morning sickness (or later-in-the-day sickness) should you report to your doctor?

If vomiting continues to the point that you can't keep fluids down, you should tell your doctor.

38. Describe several things you can do to help you feel better if you are nauseated.

Eating a dry piece of toast or a cracker about 30 minutes before you get out of bed in the morning might help. Move slowly when you do get up. Don't eat greasy, fried foods.

39. What can you do about heartburn? Is this a problem for you?

Try eating five small meals instead of three bigger ones. Don't eat greasy or fried foods.

40. Should you take baking soda or sodium bicarbonate to relieve heartburn?

No, you should not.

41. Should you take enemas or laxatives if you are constipated? No! Describe several things you can do to help you avoid constipation.

No, you should not take enemas or laxatives. Instead, drink lots of water. Eat fruits and vegetables, especially raw ones. Exercise every day. Go to the bathroom at the same time each day.

42. In order to avoid backache, how should you pick up a small child or a bag of groceries? Do you do this?

Squat down on the floor before you pick up the child. Then hold the child close to your body and get up slowly, using your leg muscles, not your back muscles.

43. What kinds of vaginal discharge should you report to your doctor?

If you have a vaginal discharge that is yellow or greenish, smells bad, is heavy and frothy, causes burning or itching, or is bloody, tell your doctor.

READ "What Are the Complications of Pregnancy?" pp. 35-39.

44. List EIGHT "danger signals"--symptoms that, if any happen to you, you should report to your doctor.

1. Any bleeding from any place such as vaginal, rectal, breast nipple, or coughing blood.
2. Sudden weight gain with swelling of hands and face.
3. Bad headache that continues to hurt.
4. Problems with vision such as dimness, blurring, or spots before the eyes.
5. Abdominal pain.
6. A great deal of vomiting.
7. Chills and fever.
8. Sudden rush of water from the vagina.

45. What might cause anemia?

You might be anemic if you don't eat enough foods that contain iron.

46. List three foods HIGH in iron.

Lean meats, liver, and eggs are high in iron.

47. What are some symptoms of a urinary infection? If this happens, should you call your doctor? What else can you do to help get rid of this kind of infection?

Abdominal pain, chills, fever, frequent and/or burning urination, possibly blood in your urine may indicate a urinary infection. The doctor should be called at once. Drinking all the water you possibly can should help clear up the infection.

48. What is toxemia? What are some symptoms of it?

Toxemia is a complication of pregnancy which can be very serious. Symptoms may include sudden weight gain or swelling of hands and feet, bad headaches, dizziness, blurred vision, changes in urine, and an increase in blood pressure.

49. The Rh factor is found in the blood of about 85% of white women and about 96% of black women. Which of the following combinations could be a problem in pregnancy? (Draw a line between the problem combination.)

Father	Mother
Rh+	Rh+
Rh–	Rh–

Is this a problem in YOUR pregnancy?

50. Why should you tell your doctor immediately if you are in contact with anyone who has rubella (German or 3-day measles)?

If you should have rubella very early in your pregnancy, the baby might be harmed. The doctor would want to examine the baby especially carefully after delivery.

51. What problems may occur with a premature baby?

It is less apt to survive than is a full term baby because its body functions are not mature enough.

52. What can you do NOW to help keep you from having a premature baby?

See your doctor regularly throughout your pregnancy, eat the foods you and your baby need, and don't smoke.

53. Check the symptoms which, if present, mean you should contact your doctor.

x 1. Sudden pain in your abdomen.

x 2. You begin to bleed from your vagina.

3. You have to go to the toilet more often than you did before you were pregnant.

x 4. You have a burning sensation when you pass urine.

x 5. Your hands and ankles begin to swell.

READ "Going to the Hospital and What Happens," pp. 41-45.

54. Why are most babies born in hospitals in this country?

In a hospital you can get emergency equipment and care if you or your baby needs it. You should receive better medical care there than you would if you delivered your baby at home.

55. What do you really need to pack to take to the hospital? List what you think YOU will need, not necessarily what the book says. By what date to you plan to have your suitcase packed?

56. What will happen when you first get to the hospital to have your baby?

First you go to the admitting office where they will ask you for necessary information. Then you will go to a labor room where you will undress. The doctor will check you. Then the nurse will probably shave your pubic area. She will also give you an enema.

57. What is a Caesarean delivery?

The doctor makes an incision in the woman's abdomen and lifts the baby out instead of letting the baby go through the birth canal.

58. What is a breech birth?

A breech birth occurs if the baby is born feet or buttocks first.

59. If you find you may choose a "rooming-in" plan at your hospital, what does it mean?

"Rooming-in" means the baby is in the same room with you so that you can take care of her much of the time.

READ "What About the Birth of the Baby?" pp. 47-52.

60. What is "lightening"?

When the baby's head settles down into the bony part of your pelvis in preparation for birth, it is termed "lightening."

61. Describe three signs of true labor. Do they always occur in the same order?

The three signs include regular contractions, a pink "show" (which means the mucus plug has dropped out of the cervix), and a gush of water from the vagina. These don't always occur in the same order.

62. What can you do to help you feel better during labor?

Certain breathing exercises learned and practiced during pregnancy will help.

63. Describe the three stages of labor.

During the first stage, the uterus contracts to open the cervix so the baby can go through the birth canal. During the second stage, the baby goes down the birth canal and out through the vaginal opening. The placenta and membrances are delivered during the third stage.

64. What is an episiotomy? Why is it often done?

An episiotomy is a small cut that is sometimes made to make it easier for the baby to be delivered.

65. Explain the difference between analgesics and anesthesia.

An analgesic is a medicine that relieves pain. Anesthesia deadens feeling.

READ "Your Hospital Stay and Recovery," pp. 53-60.

66. What does postpartum period mean?

Postpartum period is the term used to refer to the time right after the delivery of a baby.

67. How long does it take for your uterus to return to its non-pregnant size?

The uterus will return to its normal non-pregnant size within about six weeks after delivery.

68. What do "afterpains" feel like and what is their purpose?

Afterpains feel like menstrual cramps, and they are caused by the uterus contracting in order to return to its pre-pregnant size.

69. What can you do to relieve the pain caused by your stitches?

You can use a heat lamp and/or a pain-relieving spray. You can take sitz baths.

70. What is catheterization? Why is it sometimes done?

Catheterization is done by placing a tube in the opening that leads to the bladder. It will be done if you have trouble urinating.

71. What is lochia?

Lochia is the discharge that you will have during the two or three weeks after you deliver your baby.

72. If you are not breast feeding, how soon after delivery will you probably have a menstrual period?

You will probably have a period six to eight weeks after delivery.

73. Can you get pregnant while you are nursing your baby?

YES, you certainly can get pregnant while nursing!

READ "What Does My Baby Need?" pp. 61-64.

74. Why should you not buy very small size clothing for your baby?

Your baby will grow very fast, outgrowing the very small things quickly.

75. About how many diapers do you need, according to the booklet?

The booklet suggests three to four dozen diapers are needed.

76. Why should the baby's formula be sterilized?

Babies cannot resist bacteria and germs as well as older children and adults can. The sterilized bottles and formula help protect them from these bacteria and germs.

READ "Your Baby in Early Life," pp. 65-70.

77. What is vernix?

Vernix is a white creamy substance with which the baby is usually covered at birth.

78. If your baby's head seems misshapen after birth, how long will it stay that way?

The baby's head usually returns to its proper shape within a week or two.

79. Why should you always hold your baby while you give her a bottle instead of propping the bottle?

A propped bottle is apt to fall out of the baby's mouth and she will swallow air instead of milk. There is also the danger of choking.

80. Describe advantages of breast feeding.

Breastfeeding helps your uterus return to its proper size and position. Breast milk is easier than formula for babies to digest. Babies may receive some protection from disease through breast milk. Breastfed babies have fewer allergy problems and are less troubled with constipation. Breastfeeding is less expensive than is bottle feeding.

81. How soon can you give your baby a tub bath?

Give your baby tub baths after the cord falls off and the navel heals.

82. What is circumcision?

Circumcision is an operation in which a fold of skin is removed from the tip of the penis.

83. What does your baby need most?

Babies need love most of all.

84. How could a public health nurse help you with your baby after you go home from the hospital?

Public health nurses will sometimes visit a new mother in her home and help her learn how to care for her baby.

15 *HAVING A BABY* "PLANNING YOUR FAMILY"

By Maxine Phillips. Kay Koschnick, Ed.

To the Teacher: This nine-page reference offers a good description of birth control methods on a fifth grade reading level.

Student Objectives:

1. To learn of the various methods of birth control and how to use them.

2. To learn which of the so-called "birth control" methods really are useless at preventing pregnancy.

READ Having a Baby, pp. 150-159, OR the separate booklet titled "Planning Your Family."

1. How does the pill keep you from becoming pregnant?

   The ovaries will not release eggs while you are on the pill. Therefore the sperm cannot fertilize them.

2. Should you take the pill while you are breastfeeding your baby?

   No, you should not.

3. What is the IUD? Where is it put? Who puts it there?

   The IUD is a small plastic or metal piece which the doctor inserts into the woman's uterus.

4. What is the diaphragm? How do you use it?

   The diaphragm is a thin piece of soft rubber on a round frame. You put it in your vagina where it covers the opening to the uterus. It should keep sperm from getting into the uterus.

5. Why do you use a special cream with a diaphragm?

   The cream kills the sperm.

6. Can you take the diaphragm out right after you have sex? If not, how long must you wait?

   You must wait at least six hours.

7. Why must the doctor check you before you can buy a diaphragm?

   The doctor must check to see which size diaphragm you need.

8. If you have sex before you get a contraceptive from the doctor, what can you do to prevent pregnancy?

You can buy condoms for the man to use and cream, foam, or jelly for the woman.

9. How can a man keep a condom from slipping off his penis as he removes it from the vagina?

He must hold on to the condom as he pulls his penis out.

10. Which method of birth control prevents the spread of V.D.?

The use of the condom prevents the spread of V.D.

11. If you use sperm-killing cream, jelly or foam for birth control, should you use it before or after you have sex?

Cream, jelly, or foam contraceptives must be inserted before intercourse.

12. What is the withdrawal method of birth control?

The withdrawal method refers to the man taking his penis out before he "comes."

13. Is the withdrawal method sure to prevent pregnancy? Why or why not?

No, because it is hard for the man to withdraw in time, and sperm may get into the vagina even if his penis is just near it.

14. What is the rhythm method? Is it good for preventing pregnancy?

The rhythm method means having sex only on a woman's "safe" days, the time during the month when she can't conceive. It isn't a safe method of birth control because it is hard to know which days are "safe."

15. Is douching a good method of birth control? Why or why not?

No, douching never works. It can't be done fast enough to keep the sperm from entering the uterus.

16. Having an abortion is safest for the woman during which three months of pregnancy?

An abortion is safest during the first three months of pregnancy.

17. What is sterilization?

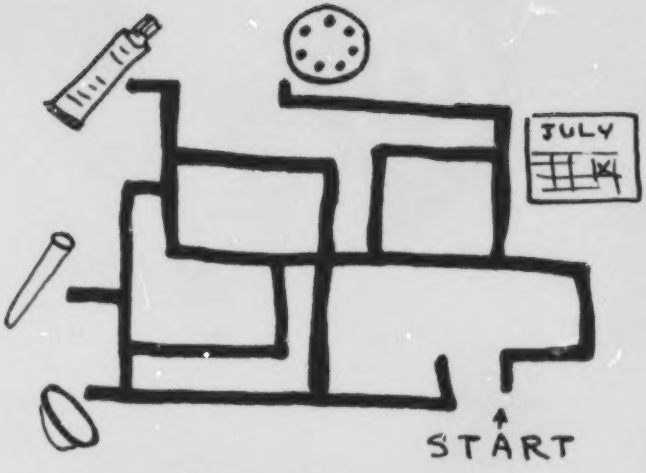
Sterilization is an operation done by doctors on either the man or the woman to keep them from ever having any more children.

18. Does sterilization cause a man or a woman to enjoy sex any less?

No, sterilization has nothing to do with the enjoyment of sex.

19. Where can you find out more about birth control?

You can ask your doctor while you are pregnant. You can go to a Planned Parenthood Clinic or to the Department of Public Health.



16 *SEX AND BIRTH CONTROL: A GUIDE FOR THE YOUNG*

By E. James Lieberman, M.D., and Ellen Peck

To the Teacher: This book is the best overall resource on birth control that I have seen. Many students who read at least at a junior high level would enjoy reading it and undoubtedly would gain some valuable information.

Student Objectives:

1. To learn of the various available methods of birth control.

2. To become aware of the implications of having "responsible" sex.

READ Chapter 1, "Sex and the Teen-Ager: Living in Limbo," pp. 1-12.

1. What is the "sex gap" mentioned in this chapter?

The gap is the time between puberty (about age 12) and the time when mature couples are ready for parenthood.

2. What is the "double standard" as it refers to sex? Do YOU think this still exists? What do YOU think about it?

The "double standard" suggests that sex is all right for all men but not for decent women. Bad girls are fun in bed, while good girls are wives and mothers.

3. Based on the "average," how many couples who have had intercourse once will become pregnant? How many will become pregnant after having intercourse twelve times?

One couple in 25 will become pregnant at the time of first intercourse. Of the couples having intercourse 12 times, one-half will become pregnant.

4. Of 100 women using the rhythm method of birth control how many will be pregnant after a year?

Thirty to forty will be pregnant.

READ Chapter 2, "Sex Knowledge, Attitudes, and Behavior of Young People," pp. 13-23.

5. The chapter describes a study of a sexually active group of teen-age girls. What percentage of these girls used contraceptives "sometimes"? more than half. "Regularly"? about 20%. "Never"? about 20%.

6. What reasons were given for not using contraceptives by the girls in the above study?

About 15% either wanted to get pregnant or didn't care. About half were convinced they could not get pregnant--because of youth, infrequent sex, or sex at "infertile" times. Some 20-25% didn't want to bother with birth control or didn't know how. Less than 5% replied that either partner objected or that they considered using birth control to be wrong.

READ Chapter 3, "Abstinence?" pp. 24-46.

7. Who do you think might like to read this chapter? At what age?

READ Chapter 4, "Rhythm and the Reproductive Cycle," pp. 47-60.

8. Explain in detail the principle of the rhythm method of birth control.

The ovum can normally be fertilized only 12 to 24 hours during the month. Sperm survive for up to two days, sometimes longer. Therefore, the rhythm method of birth control is based on the idea that if sex is avoided for at least two days before ovulation and one day after, pregnancy cannot occur.

9. Why is the rhythm method considered to be such an unsatisfactory method of birth control?

It is unsatisfactory because it is impossible to be sure of the date of ovulation.

10. Why do some women rely on the rhythm method of birth control?

The rhythm method is endorsed by the Catholic Church. Some girls use it because they are too shy to find out about other methods. Some like rhythm because no drugs are used.

READ Chapter 5, "The Condom," pp. 61-71.

11. What are the advantages of using a condom for a contraceptive?

The condom is very effective at preventing pregnancy. There are no harmful side effects. It also prevents the spread of VD.

12. What are the disadvantages of the condom?

The condom has almost no disadvantages. If it is not put on properly (leaving a half-inch "reservoir" at the end to hold the semen after ejaculation), it might tear. If it slips off the penis as the penis is taken from the vagina, it won't prevent pregnancy. Some couples feel using the condom reduces spontaneity of sex. The authors say this simply is not so.

READ Chapter 6, "The Pill," pp. 72-88.

13. If a girl forgets to take her pill one night, what should she do?

Take it as soon as she remembers! If she forgets for 24 hours, she should take two pills at once. She should continue taking the pills during the rest of her cycle, but should probably use another method of birth control also.

READ Chapter 7, "The Intrauterine Device (IUD)," pp. 89-98.

14. Just how does the doctor insert the IUD into a girl's uterus?

He puts it into a thin sterile tube which stretches the IUD out straight. The tube

then passes through the vagina and cervix up into the uterus. The doctor pushes the IUD out of the tube, then withdraws the tube. The IUD goes back to its original shape inside the uterus. IUDs are usually inserted during a menstrual period.

15. If a woman becomes pregnant while wearing an IUD, what effect will this probably have on the baby?

This should have absolutely no effect on the baby. There are very few such pregnancies, but when it does happen, the IUD is usually expelled from the body in the placental membrane after delivery of the baby.

READ Chapter 8, "The Diaphragm, Plus," pp. 99-110.

16. List several reasons why some girls choose the diaphragm instead of the pill or the IUD as their contraceptive method.

There are no side effects. You only use it when you need it. It takes only a few seconds to insert. It is not as expensive as some methods. It works.

READ Chapter 9, "Vaginal Foams, Creams, and Jellies," pp. 111-121.

17. If a girl uses foam as her contraceptive, what "rules" should she follow to make it as safe a method as possible?

She should use two applicators full of foam each time. Use it immediately before intercourse. Insert more foam each time you have sex. Be sure not to douch for at least six hours after intercourse. Lie down while you insert the foam.

READ Chapter 10, "Other Methods, Non-Methods, and Combinations," pp. 122-130.

18. Describe several "non-methods" of contraceptives --methods which are VERY unreliable or no help at all.

"Non-methods" include douching, relying on breast feeding as a contraceptive, and heating the testicles (!) before intercourse.

READ Chapter 11, "Abortion," pp. 131-167.

19. Is having a "vacuum aspiration" abortion or going through childbirth more apt to be physically risky for a woman?

Going through childbirth is more risky physically than is abortion.

20. How do YOU react to the story of Linda and Joyce?

21. Do most women feel a lot of guilt or depression after having had an abortion?

Most do not feel guilty, according to the research quoted.

READ Chapter 12, "Permanent Birth Control," pp. 168-182.

22. What is a vasectomy? How is it done?

Vasectomy is the male sterilization operation. The doctor ties and cuts the vasa deferentia on each side of the scrotum. This keeps sperm from moving from the testes to the urethra, which means the sperm cannot be ejaculated with the semen.

23. Do you think young people under 18 should be able to be sterilized at their request? Why or why not?

READ Chapter 13, "Venereal Disease," pp. 183-201.

24. Which contraceptive protects against the spread of VD?

Using the condom prevents the spread of VD between partners.

25. What percentage of sexually active people have VD, according to this book?

About 10% have gonorrhea.

26. What are the symptoms of VD for a man?

The man may see a small sore on his penis if he has syphilis. Gonorrhea may cause a burning sensation when he urinates.

27. What are the symptoms for a woman?

She may not have any symptoms. There could be an irritating discharge from the vagina, pain or burning during urination, or a swollen spot in the genital region.

28. How is gonorrhea treated?

It is treated with antibiotics, usually penicillin.

READ Chapter 14, "Minoring in Sex," pp. 202-214.

29. Explain the statement (p. 209), ". . .the refusal to provide education will not prevent sex, but it certainly will prevent responsible sex." What do you think "responsible sex" means?

30. How do YOU feel about sex education in the schools? Do you think it should be available to all

students? What, for example, do you think should be taught, and at what age? Do you think you were offered "enough" sex education in your schools?

READ Chapter 15, "What's Normal? What's Moral?" pp. 215-238.

31. In a paragraph, comment on some of the issues discussed. Did you agree or disagree? Explain in some detail.

READ Chapter 16, "The Future of Marriage and Parenthood," pp. 239-259.

32. After you read the chapter, discuss in a short essay how YOU feel about the institution of marriage--what is a "good" age to get married? Should all couples have children?

READ Chapter 17, "Sex, Population, and Planet Earth," pp. 260-278.

33. What does ecology mean?

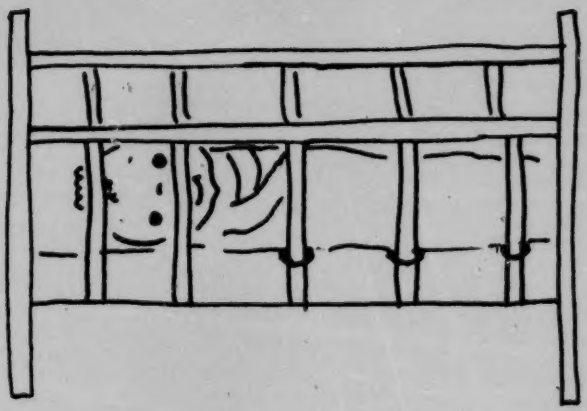
Ecology refers to the balance of nature.

34. Describe some of the reasons many people are concerned about "over-population." How do YOU feel about this issue?

Reasons include the shortage of land, food, and materials and the pollution of air and water.

35. How do YOU feel about the suggestions on p. 276 that incentives should be offered to encourage fewer births?

36. Please evaluate the book.



17 *HAVING A BABY* "THE FIRST SIX WEEKS"

By Katie Baer and Jean Oates. Kay Koschnick, Ed.

To the Teacher: Much of the material included in "The First Six Weeks" is covered in Child Care and Infant Care. You might choose to assign this resource for reinforcement purposes.

Student Objectives:

1. To learn what to expect, so far as both baby and mother are concerned, during the first six weeks.
2. To learn how to care for a newborn baby.

READ Having a Baby, pp. 71-109, OR the booklet, "The First Six Weeks."

1. Why should you have help during the first week or two after your baby's birth?

You are apt to be very tired. You probably won't feel like taking care of the baby plus your housework and other tasks.

2. If, after delivery, you find it hard to sit because your bottom is sore, what can you do about it?

You can take warm baths and apply heat.

3. Should you use a tampon after delivery?

No, don't use a tampon until the doctor says it's OK.

4. If you need to lose more weight six weeks after delivery, how should you do it?

Don't eat junk foods. Do eat nutritious foods such as green salads, fruits, vegetables, meats, eggs, cheese, and milk.

5. According to the book, can you spoil your baby during the first weeks of life? What do YOU think?

Doctors say a tiny baby needs lots of love and cuddling, and cannot be spoiled.

6. Why is it important to feed the baby almost immediately when she lets you know she is hungry?

Babies don't know how to wait. They become frantic and miserable if not fed when they're hungry.

7. How can you help your baby stop her 2 a.m. feeding when she is a month or two old?

If she wakes up, don't rush to feed her. She may soon go back to sleep. If she

continues to fuss loudly, feed her. But continue trying to cut out the feeding. Soon she may sleep until 3 a.m., then 4 a.m. Before long she may sleep through the night.

8. Does the baby breastfeed by putting only the nipple in her mouth? Explain.

No. She needs to have the entire dark area around the nipple in her mouth.

9. About how long does it take to get a strong flow of milk? Should the baby nurse during this time?

It often takes two weeks to get the milk well started. Yes, the baby should nurse regularly because this is what keeps the milk flowing.

10. According to the book, nursing mothers need how much milk each day?

They need from one to 1½ quarts of milk each day.

11. Teenagers need a pint of milk more each day than do adults. How much milk does a nursing teenager need each day?

Teenagers need 1½ to two quarts of milk daily.

12. If the nipple holes on your baby's bottle are too small, how can you make them bigger?

Put a needle over a flame until it is hot, then stick it into the nipple quickly. Continue until the holes are big enough.

13. Briefly describe the terminal method of preparing formula. (Better yet--show your teacher how to do this if you have a kitchen at school.) It would be wise to practice at home before delivery!

Mix formula and pour into clean nursing bottles. Sterilize bottles and formula together by boiling gently for 25 minutes.

14. What is the aseptic method of sterilization? (If possible, demonstrate this method, too.)

Sterilize all the formula equipment by boiling for five minutes. Then mix the formula, using boiled water. Pour it into bottles, add nipples and collars, chill.

15. According to the book, do you need to warm the baby's milk? Is it all right to have it warm one time, cool the next?

No, you don't need to warm the milk. But it should be the same temperature each time you feed her.

16. Why do most newborns "spit up" some of their food?

Their digestive system is not yet mature. They may have an air bubble, or could have been jostled too soon after feeding.

17. Compare spitting up and vomiting.

Formula simply dribbles from the baby's mouth when she spits up. In vomiting, stomach contents come up forcefully.

18. Should you report to the baby's doctor each time she vomits? If not, what kind of vomiting should you report?

No, you don't need to tell the doctor unless the vomiting continues for more than two or three feedings or it happens more than once or twice daily.

19. Why is it so important to change baby's diaper whenever necessary, and clean her bottom thoroughly?

This will help to keep the baby from having a diaper rash.

20. How should you wash the baby's diapers?

Rinse dirty diapers out in the toilet. Soak dirty and wet diapers in a pail of water until washing time. Wash with mild soap or detergent and rinse thoroughly.

21. What causes diaper rash? What can you do about it?

Most diaper rashes are caused by bacteria which reacts with urine and changes to ammonia. To avoid or get rid of it, change baby's diaper immediately after she is wet or has a bowel movement. Don't use tight fitting plastic pants. Using disposable diapers might help.

22. How many bowel movements "should" your baby have each day?

A baby may have several each day at first. Later she may have one or two, or perhaps miss a day occasionally. The number isn't important so long as she feels well.

23. How can you tell if your baby is constipated? If she is, what should you do?

She may be constipated if she passes a hard stool. Give her some cool, boiled water between feedings. If it continues, call your doctor. He may suggest giving her one or two teaspoons of prune juice each day.

24. What is diarrhea? If your baby has diarrhea, why should you call your doctor?

Diarrhea occurs if the stool is loose, watery, greenish in color, or seems to contain mucus. If not treated, baby can lose too much fluid. The doctor may stop all food excepting diluted boiled skimmed milk.

25. If the doorbell rings while you are giving the baby a bath, what should you do?

If you answer, take the baby with you. Don't ever leave her alone near the water.

26. If your baby seems to have extra dry skin, how often should you bathe her?

Every other day is usually enough. Bathing too often will dry her skin more.

27. How do you take care of your baby's navel when you come home from the hospital?

Wash it with warm water and soap. Rinse and dry carefully. If you like, put a little rubbing alcohol on it. The stump will dry and fall off in one or two weeks.

28. If the navel turns red and swells, why should you call your doctor?

This could mean the navel is infected.

29. What is an umbilical hernia? What should you do if your baby has one?

The navel sticks out a little because a small part of the intestines are being pushed through an opening in the belly muscles. You may not need to do anything about it because most hernias disappear.

30. How do you take care of your son's circumcision?

No bandage is needed, but a little petroleum jelly will keep the wound from sticking to the diaper. After healing, push foreskin back after each bath to keep it from sticking to the head of the penis.

31. If your son is not circumcised, how do you wash his penis?

Push the foreskin back and wash the head of the penis during each bath. Then bring the foreskin forward again.

32. How do you take care of your baby girl's vulva? (What is the vulva?)

The vulva is the folds of skin covering the opening to the vagina. Gently separate the folds, then clean and rinse them thoroughly. Always wipe from the front towards the back.

33. What is the fontanel? What special care does it need?

The fontanel is the "soft spot," a hard membrane on the baby's skull. It doesn't need any special treatment.

34. Why might your baby have swollen breasts or your little girl have slight bleeding from her vagina? What should you do if this happens?

It could happen because of the hormones going through the placenta from your body to the baby's bloodstream. You should tell the doctor about it, but both swollen breasts and discharge will soon disappear.

35. Is it better to have the baby underdressed or overdressed? Why?

It is better to have her underdressed because otherwise her body will find it harder to learn to adjust to temperature changes.

36. What causes prickly heat rash? What does it look like? What should you do about it?

It is usually caused by hot weather and/or overdressing and looks like bunches of tiny pink blisters. To treat it, dust cornstarch on it and sponge bathe baby several times a day.

37. Why is it better to have normal sounds (radio, talking, etc.) around your baby while she is napping rather

than trying to keep the house absolutely quiet because "baby is sleeping"?

She will sleep better if she gets used to these noises.

38. Why is it better for a newborn baby to sleep on her stomach instead of her back?

If she is on her back, she may spit up or vomit which can cause choking. Placing her on her stomach also helps her get rid of gas.

39. Why do babies cry?

It is their way of communicating.

40. What are two possible reasons for colic?

The colic could be caused by baby's immature intestinal system or it could be because the baby becomes tense.

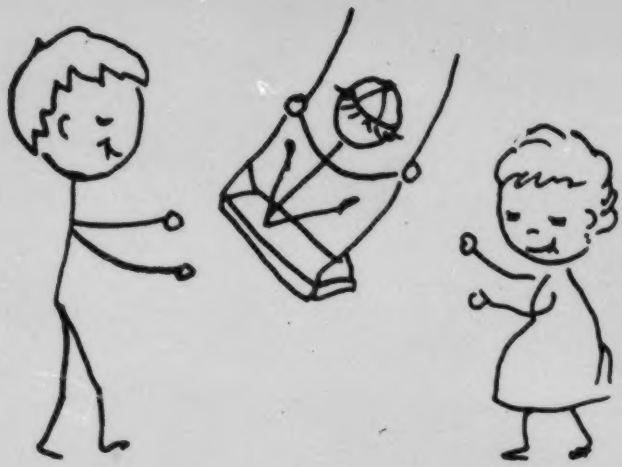
41. How can you help your baby if she has colic?

Try to be calm and quiet with the baby. Sometimes placing her over your knees and rubbing her back will help. She might find a pacifier comforting.

42. Demonstrate to your teacher that you can read a thermometer.

43. Describe four reasons for calling your baby's doctor.

1. If the baby vomits several times.
2. If she has diarrhea.
3. If she finds it hard to breathe.
4. If her rectal temperature goes above 100.4 degrees for four hours or more.



18 *HAVING A BABY* "THE BABY AND THE FAMILY"

By Maxine Phillips. Kay Koschnick, Ed.

To the Teacher: This easy-to-read booklet will encourage the reader to consider her entire family as she plans for her baby's arrival.

Student Objectives:

1. To become sensitive to the changes in family life which inevitably occur with the arrival of a new baby.

2. To begin thinking of ways to cope with these changes in family life.

READ Having a Baby, pp. 111-129, OR read the separate booklet titled "The Baby and the Family."

Please answer the following questions in complete sentences.

1. How can a person be happy and unhappy at the same time? Please give at least one example.

You can be happy about some things and unhappy about others.

2. Describe some of the worries the father of the baby may have during the pregnancy.

He may worry about money. He may worry that his baby's mother may not have time for him because of the baby. He may be afraid he won't be a good father.

3. If there are other children in your home, what can you do ahead of time to make it easier for them to have a new baby around?

You can talk to them about the coming baby. Make any necessary changes in the house--baby furniture, etc.--some time before the baby is due so they won't blame baby for the changes. Let them help you when you come home from the hospital.

4. Describe several things you can do to make it possible to continue school throughout your pregnancy. OR explain how a woman out of school can work during her pregnancy.

Try to alternate standing-up and sitting-down jobs. Wear flat shoes. Rest when you need to.

5. Do most new mothers need someone to help them when they come home from the hospital? Will you (or did you) have help when you come (came) home?

Yes, most new mothers need help when they come home with a new baby.

6. What are "baby blues"? Why is a new mother apt to have the baby blues?

Feelings of depression after the baby is born are often called "baby blues." You may have these feelings because your body has gone through so much during pregnancy and delivery, and you are apt to be very tired. You may feel that taking care of the baby is just too much to do.

7. Why should you "be careful" with door to door salespeople? Are you apt to get a good buy from people who sell door to door?

Door to door salespeople are apt to be selling things you don't really need. You probably can get the items cheaper at a store.

8. What are some income tax deductions you may have because of your baby?

Besides taking an exemption for the baby, you may be able to deduct the costs of doctor or clinic bills, costs of any prescribed drugs, lab fees, and hospital bills. Sometimes you can deduct your baby-sitting expense if you work away from home.

9. What happens to a baby who is not loved?

The baby may get sick. She will not trust other people and she won't be happy.

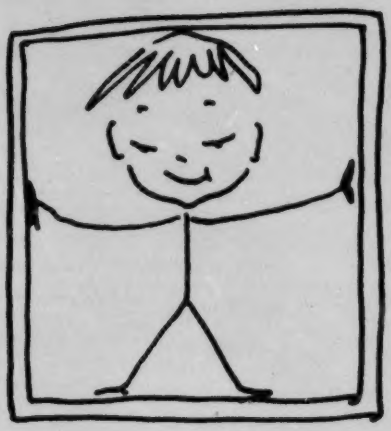
10. How can you show your baby that you love her?

She will know you love her if you play with her, keep her dry, clean, and well fed, and talk a lot with her.

11. MOST IMPORTANT ASSIGNMENT!

Write a two or three page essay on YOUR baby and YOUR family. If your baby is already born, write about changes that have been needed in your family. How have various family members adjusted to the baby?

If your baby is not yet born, of course you will write about what you expect to happen. Think about each member of your family. How will your baby's birth affect EACH person?



19 A NEW BABY! A NEW LIFE!

Illustrations by Symeon Shimin
Text by Erma Brenner

To the Teacher: If I were limited to one book about the feeling aspects of parenting, it would be this beautiful little book. Its simply written text can be understood by a student reading on a third grade level, yet anyone who cares about babies would find it a joy to read.

Student Objectives:

1. To understand how important being loved is to a baby.

2. To learn something about the changes a baby goes through during her first year of life.

READ the book, A New Baby! A New Life! Spend time enjoying the illustrations. Then answer the following questions, please.

1. Why is it hard for a newborn baby to get used to living outside her mother's body?

The baby was quiet and comfortable before birth. After delivery she must face the noise, bright lights, and heat and cold of our world.

2. If you feed your baby by bottle, why will you want to hold her as closely and safely while you feed her as you would if you were breastfeeding her?

The baby needs the love she feels as her mother holds her as much as she needs the milk in the bottle.

3. In your own words, describe what you think love is as applied to a mother and her baby. How will you show love to your baby?

4. What happens to a baby who doesn't feel loved?

She usually doesn't smile and she doesn't want to play or make happy little sounds. She is apt to grow up to be an unhappy adult.

5. At about what age does the baby find her own fingers and toes and start sucking on them?

She usually does this by the time she is one month old.

6. If a mother must go to work (or to school) when her baby is two or three months old, what are some of the things she will want to tell the helper who will look after her baby while she's gone?

She will want to tell her about holding and playing with the baby and about the baby's naptime. She will tell her helper about when and what the baby eats.

7. What does the baby fear when she cries hard each time her mother leaves her?

She is afraid her mother won't come back.

8. "Food and Love make your baby grow -- food for a strong body -- Love for a healthy mind (p. 58).

9. Why might an older baby (perhaps five or six months old) want to make a game out of eating? Why is some play while eating new food good for your baby?

Playing is one way baby has of learning about the world around her -- about her parents and sisters and brothers, about the food she tastes, the things she sees, and the noises she hears.

10. What should a mother "do" if her baby does not have a BM every day?

She shouldn't do anything about it and she should not worry. This is perfectly normal.

11. Why is it better for mother not to make an unhappy face, but instead to seem approving when she changes her baby's dirty diaper?

The baby will feel she did something good rather than something bad when she had her B.M.

12. How can you use your voice and face so you won't need to slap your baby when she does something wrong?

When your baby does something you like, say yes with a smile. When she does something wrong, say no without a smile. She will want to make you smile.

13. How is LOVE involved with baby learning to talk?

If your baby feels happy and loved, she will want to learn to talk.

14. MOST IMPORTANT ASSIGNMENT!

Describe YOUR baby (whether or not she is yet born) following Erma Brenner's style of writing. Write at least a page. Then ILLUSTRATE your story!

20 CHILD CARE

Principal Author: Henry F. Greenburg

Study Guide One: "Feeding," "Growth and Development," and "Toilet Training"

To the Teacher: The first two chapters of Child Care present basic information about the care and development of infants. Some teachers of infant care courses omit the toilet training chapter because they feel this is not a topic even worth considering during the first year of baby's life.

Student Objectives:

1. To learn how to feed baby so she will receive optimal emotional as well as physical satisfaction.

2. To be aware of babies' developmental patterns and to know that babies do not develop at the same rates.

3. To understand that toilet training should be tackled only when the child seems ready and willing.

READ "Feeding," pp. 3-24.

1. What is a "flexible demand" schedule?

Feeding the baby when she is hungry is called a flexible demand schedule.

2. Will you get a spoiled baby on the flexible schedule? Explain your answer.

No. If the baby is fed when she is hungry, she will learn to trust those who meet her needs.

3. Is it all right to put an unfinished bottle back in the refrigerator? How many times?

It is all right to put a bottle back in the refrigerator, but only once.

4. What if your baby finishes her bottle quickly, then starts crying? Describe two possible reasons and how you would help her solve her problem.

She may need more food or more sucking. If she needs more sucking, get her a new nipple with smaller holes so she can suck longer.

5. How do you burp a baby?

Hold her up on your shoulder or sitting in your lap, and pat her back.

6. Why are very young babies more apt to spit up their food than are older babies?

The upper end of the baby's stomach is more open than it is when she is older. This lets food come back up more easily.

7. What does the book suggest about pacifiers? How do you feel about pacifiers?

Pacifiers help babies who need more sucking.

8. What vitamins does your baby need in addition to her formula or breast milk?

She needs vitamins A, C, and D.

9. At what age should you probably start feeding your baby solid food, according to this book?

Sometime between three and six months of age the baby will need to start eating solid foods.

10. Is it a good idea to put solids like cereal in the bottle of milk? Why or why not?

No, because the baby should learn how to swallow solid food without sucking it.

11. Which solid foods should you feed your baby first? How long should you wait before trying another solid food with her? Why?

Single grain cereal, bananas, or applesauce are good first foods. Wait five to seven days before you feed her a different solid food. If she is allergic to a food, you will then know which one gives her a problem.

12. What is different for your baby between eating solid foods and sucking milk from breast or bottle? How can you help her learn this new way of eating? Does it make a difference where you place the food in her mouth?

To eat solid foods, she must make her tongue roll food back in her mouth in order to swallow it. You can help by placing the food well back on her tongue.

13. Should you let your child try to feed herself when she wants to? Why or why not?

Yes, because this is the way she learns to feed herself.

READ "Growth and Development," pp. 27-44.

14. Will your child grow steadily and evenly throughout her early years? Please explain your answer.

No, she will probably not grow steadily. A child's growth plunges ahead at one time, then slows down, perhaps doesn't seem to be doing much of anything, then suddenly starts again.

15. Is how much or how fast your child grows important? If not, what is?

It is the child's rate of growth that matters.

16. If your child is "normal," will she follow exactly a typical weight and height chart? If not, how can you know whether or not she is growing as she should?

Your child will follow her own pattern of growth. Your doctor can help you understand what is "normal" for your child.

17. The check list on page 31 asks for the time your child does a number of things such as getting her chin up, sitting up, creeping, etc. Is it important that she do each one of these things in the exact order given? Does a child ever skip any of these checkpoints?

No, sometimes a child will skip some things. Occasionally, for example, a child does not crawl at all before she starts to walk.

18. What is the baby's first method of communicating?

Crying is her first way of telling you what she wants.

19. Why is it a good idea to talk to your child from the first week of life--and to read to her from books even before she seems to understand?

Reading and talking with her will help her learn to talk and to interact with you and other people.

20. At what age do most babies get their first teeth?

They generally get teeth by seven or eight months of age.

21. Do all "normal" babies get their first teeth at the same age? Explain your answer.

No, one baby may get her first teeth by the time she is three months old while another may not have a tooth until she is a year old.

22. How can you help your child develop trust in her environment?

Caring, mothering, feeding, cuddling are ways of helping her build trust in the people and world around her.

23. The book titles one section "A New Guideline for Mothers: Be Flexible" (pp. 35-36). Write a paragraph discussing this idea. How can you follow this guideline with your own baby?

24. When your two-year-old child says "No" and "I won't" to you, what is she trying to prove?

She is trying to show you that she is an individual, a person who can say "No."

25. Describe several ways in which a child may show jealousy of a new brother or sister.

She may be aggressive. She may want to hit the baby or take her toys away. Or she may sulk or hide her emotions. She might even act as though she loves the baby very much, but suddenly squeeze her until she cries.

26. How can you help your child handle jealousy?

Let her help with the baby. Help her to feel needed in the care of the baby.

27. Discuss the idea of "setting limits" for your child. WHY do you need to do this? HOW do you do it?

Children need limits to help them develop routines and habits acceptable to themselves and to those around them. Parents need to be consistent about rules in order to protect the child from danger and to help her develop general self-control. Parents setting an example of self-control rather than shouting at the child is an important part of this teaching.

READ "Toilet Training," pp. 47-51.

28. When "should" you toilet train your child?

There is no best time. It depends on the child and the mother's attitude.

29. What are some signs that your child is ready to go to the bathroom by herself?

She may let you know she needs to go to the bathroom. She may set a pattern of going at a particular time each day.

30. What should you do if your child seems to resent the whole idea of toilet training?

Don't push. Forget the whole thing, then try again in another month or so.

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Principal Author: Henry F. Greenburg

Study Guide Two: "Accident Prevention"

To the Teacher: This brief reading assignment has a more detailed study guide than the other chapters do. Learning how to cope with children's accidents could save a child's life in an emergency situation.

Student Objectives:

1. To learn how to cope with the simple accidents and injuries many children encounter frequently.

2. To be able to decide when emergency treatment is needed for the victim of an accident or poisoning and to know how to get that treatment immediately.

3. To realize the importance of adequate car seat and/or safety harness for the child riding in a car.

READ "Accident Prevention," pp. 55-70.

1. What is the biggest cause of deaths of children?

Accidents kill more children than the next six leading causes of death combined.

2. Should your child have a pillow in her crib? Why or why not?

No. It could possibly smother a child.

3. Describe some other things you should be sure are not in baby's crib--or anywhere around her.

Plastic bags, pins, small objects such as buttons should not be near the baby. She should not have toys with easily removed eyes or buttons. You should never put a pacifier or toy on a string around the child's neck.

4. What should you do if your baby starts to choke?

Put her on your lap with her head slightly down. Gently slap her back. See if there is a foreign object in her mouth with your finger. If she continues choking or starts to turn blue, rush her to your doctor or to the nearest hospital.

5. If your child has fallen, what kinds of symptoms tell you that you should call your doctor?

If she cries longer than ten to fifteen minutes, seems drowsy, vomits, or has pain or headache, check with your doctor.

6. List several household items that will hurt your child if she eats or drinks them. List things that children have actually been known to eat or drink.

Dishwashing machine powder, cleaning fluids, lye, insect sprays, aerosol mists, laundry

bleach, furniture polish, weed killer, and nail polish are examples of poisonous materials which children have taken.

7. Where should you keep these items?

They should be put far up out of the child's reach. NEVER keep them under the sink or on the service porch.

8. What about medicines? Can they harm your child? If so, what can you do about it?

Medicines cause deaths of many children. Be sure to keep all medicines in a locked cabinet or container.

9. Why should you never tell a child that aspirin is candy?

If she thinks it is candy, she is apt to eat a whole bottle of it. This could kill her.

10. If you think your child has swallowed a poison, what should you do?

You should call your doctor at once or take the child to the nearest hospital. Take the poison container--also some vomit material if the child has thrown up.

11. What is Syrup of Ipecac? Why should you keep some on hand?

It will make a child vomit. For some poisons, this is the thing to do--but check with your doctor first.

12. List some things that, if the child swallows them, she should not be given Syrup of Ipecac or anything else that would make her throw up.

She should not throw up if she has swallowed a strong corrosive like lye or drain cleaner,

or if she has taken kerosene, gasoline, or other petroleum products. BUT CHECK WITH YOUR DOCTOR!

13. Why is it so terribly important never to leave small children alone in the house?

Dangers of burns, fires, and scalds are some of the reasons not to leave a small child alone.

14. What should you do if you find a fire and/or smoke in your house?

Get the children out of the house at once. Call the Fire Department after you leave the house.

15. Is it the fire itself or the smoke that is the greatest danger?

It is the smoke that smothers and kills so quickly.

16. Make a "Check List for Mothers" chart to hang in your baby's room. Include at least the "I Have" and the "I Will Not" sections of the list on page 64. Add other items as you think necessary. Ask your teacher for paper and colored pens. Make the chart attractive enough and attention-getting so that you will follow these rules for the sake of your baby. You may want to include some pointers from the check list on page 65, too.

17. How should you treat a small cut or scratch?

You should wash the area with soap and water, and perhaps cover it with a bandage.

18. What do you do about a bigger cut that gapes open?

Apply pressure directly on the wound if it is bleeding badly, and call your doctor.

19. Why should you call your doctor if your child has a deep puncture wound?

The wound may mean your child needs a tetanus shot.

20. What can you do to a glass door to help keep a child from running into it?

You can put simple decorations or decals at the child's level so she will know the door is there.

21. Do you have a gun in your house? If so, what safety precautions must you take for the sake of your child?

Have the gun out of reach and safely locked away. BE SURE all ammunition is taken out of the gun.

22. What is the greatest cause of death and injury to children under five years of age?

Automobile accidents cause more deaths to children under the age of five.

23. How can you protect your child while she is riding in the car with you?

Be sure she is safely strapped in each time. Never leave her alone in the car. Don't put a small child alone on the floor of the car because she could get carbon monoxide poisoning.

24. How should the baby weighing less than 20 pounds be protected in the car?

She should be in an infant carrier secured with a regular seat belt.

25. What does the small child weighing 20 to 30 pounds need in order to ride safely in a car?

She should have a safety seat with a protective impact shield.

26. What should the bigger child (30-40 pounds) have?

She should have a safety seat with a harness.

27. At about what weight is a child apt to be comfortable and safe with a standard safety belt?

She can usually use a standard safety belt when she reaches 40 pounds.

28. In which seat position is your child safest?

She is safest in the center of the back seat.

29. What are some reasons your child might stop breathing--which means you must know artificial respiration techniques?

She might stop breathing because of smothering, electric shock, inhaling gas, or drowning.

30. Describe to your teacher how to perform artificial respiration. What difference is there in the method to be used for a small child and for an adult?

See directions on pp. 69-70.

31. Find the telephone numbers you need to keep the telephone number chart on page 70. Make yourself a small chart of these numbers which you can tape by your own telephone.

22 CHILDCARE

Principal Author: Henry R. Greenburg

Study Guide Three: "Immunizations" and "Allergies"

To the Teacher: Fewer babies are receiving their recommended immunizations in recent years, according to Health Department reports, making it even more important for young parents to become aware of the importance of following the suggested immunization schedules with their babies. Young parents also need to know something about allergies among babies.

Student Objectives:

1. To learn of the immunizations recommended for small children and to realize the importance of getting these immunizations for one's child.

2. To be aware of possible allergies among small children and of ways of coping with these allergies.

READ "Immunizations," pp. 73-82.

1. Why does the book state (page 73), "Immunizations protect not only your child, but the entire community"?

Immunizations stop the spread of disease throughout a community.

2. Why should you have your child immunized against contagious diseases instead of just letting her "catch it while she's young"?

Complications from such diseases can cause permanent harm to your child.

3. From which three diseases does a DPT shot protect your child?

The DPT shot protects her from diphtheria, tetanus, and whooping cough.

4. List the other immunizations your child should have.

She should be immunized against polio, red measles, and German measles (rubella).

5. What is a "booster" shot? Why are they necessary?

Many immunizations give only temporary immunity while the booster shots keep up the protection against that particular disease.

6. Your child may have no reaction to "shots." But what are some reactions she might have?

She may have some fever, be cranky or restless, and lose her energy. She may not want to eat..

7. If there is a lump at the spot of the injection, what do you need to do about it?

You don't need to do anything because this is not a problem. It will go away.

8. If your child's reaction to the shots lasts more than 24 hours, what should you do?

You should call the doctor. She may suggest aspirin for fever, perhaps a sponge bath. She might even suggest a mild sedative if the child gets very fussy.

9. How often and at what ages should your child receive DPT shots? Include suggested times for booster shots in your answer.

The shot is usually given three times at two-month intervals starting when the baby is about two months old. Boosters should be given at eighteen months and at four to six years of age. Tetanus and diphtheria boosters should also be given at 14 to 16 years of age, and every ten years after that.

10. How and when is polio vaccine given?

It is given orally when the baby is about two months old, again two and four months later. Boosters are needed at 18 months and four to six years of age.

11. When should a child get a red measles shot? How long should the protection from the one shot last?

She should get the shot when she is one year old, and the protection should last a lifetime.

12. When may the child get her rubella injection?

It can be given any time between the ages of one and twelve.

13. Why is it especially important for girls to be immunized against rubella?

If a pregnant woman gets rubella, it can cause a birth defect in the baby.

14. Why is a T.B. skin test given to a child at about one year of age?

If the child has any sign of having T.B., the doctor must keep it from spreading from her lungs to other parts of her body.

15. Why should you keep records of your child's immunizations?

The records could save you and your child inconvenience and unnecessary future immunizations. You will need the record when your child starts school and goes to camp. If you change doctors, you'll also need a record. When a person is exposed to a particular disease or when she is going to travel, she will need the record of previous immunizations.

READ "Allergy," pp. 85-98.

16. What is the allergic reaction most often seen in a child who is allergic to certain foods?

This reaction most often shows up as a skin problem. The child may have a bad rash or eczema.

17. What does eczema look like?

Eczema causes rough, red, thick scaly skin.

18. Why should you offer only one new food at a time? How long should you wait before trying another new food on your child?

You should offer only one new food at a time because you can then know if your baby shows any allergic reaction to that particular food. Wait about a week before trying another new food.

19. List several foods that cause allergies for some children.

Tomatoes, chocolate, peanut butter, strawberries, and sea food sometimes cause allergies.

20. What reaction might your child have if she is allergic to such things as wool or silk clothing, soaps, or bubble bath?

She would be apt to have a rash, blisters, or hives.

21. List some things your child could inhale from the air which could cause an allergic reaction.

She might get a reaction from breathing pollen, house dust, feathers, dander from pets, and molds.

22. Describe the reactions she might have from these things.

She might have a runny nose and red, teary eyes. She might sneeze, cough, and/or wheeze.

23. What may be involved if a child has a lot of colds, bronchitis, and/or middle ear infections? What should you do about this?

She may have allergies which cause these discomforts. Discuss the possibility with your doctor.

24. What are the symptoms of hay fever?

A child with hay fever will have a runny nose and red puffed eyes with perhaps some itching which lasts for weeks.

25. If your child seems to have hay fever mostly in the spring and summer, or in the fall, to what is she probably allergic?

She probably gets it from tree pollen or weed and grass pollen in the spring and summer, or from ragweed in the fall.

26. The child who seems to have hay fever all year long is probably allergic to house dust or pets.

27. What causes asthma?

Asthma in infants may come from certain foods while in older children it often comes from substances in the air. Emotion and anxiety can also cause attacks of asthma.

28. Describe symptoms of serious allergic reactions, those symptoms which mean you should call your doctor immediately.

The child may find it very hard to breathe, and this labored breathing may be accompanied by a rash or red, swollen eyes or lips.

29. If your child is allergic to penicillin, what should you do to make sure she will not be given penicillin at some future time?

She should wear a special necklace or bracelet which states she is allergic to the drug.

30. If you think your child has an allergy, you should let the doctor check it out. How can you help the doctor in his diagnosis?

You can write down new things the child has been exposed to such as new foods, new kind of blanket, new pet or houseplant, new kind of soap or bubble bath, etc.

23 CHILDCARE

Principal Author: Henry R. Greenburg

Study Guide Four: "Respiratory Problems" and "Temperature"

To the Teacher: Since most small babies have several colds during the first year of life, young parents need to know how to cope with the situation.

Student Objectives:

1. To be aware of the difference between a cold and a more serious respiratory infection, and to understand how to cope with either.

2. To be able to read oral and rectal thermometers, and to know if the reading indicates normal temperature or a fever.

READ "Respiratory Problems," pp. 101-113.

1. Why might a doctor treat an earache with nose drops or give a child something by mouth? In your answer, explain connections between nose, throat, and ears.

The nose, mouth, and ears are all closely connected. It is easy for germs and infections to spread from one to the other. This is why the doctor may prescribe treatment for one area such as the nose that will affect another such as the ears.

2. Why do small children have so many colds, but have fewer and fewer as they grow older?

More than 100 different viruses cause the common cold. A person builds up immunity to some of these viruses by having colds while she is young.

3. Can you cure a child's cold? If not, what can you do to make her more comfortable?

No, you can't "cure" a cold, but you can use a vaporizer to moisturize the air. You can help your child drink lots of liquids, and you can try to keep her rested and evenly warm.

4. What kinds of complications could result from a cold? Which are the most serious?

Cold infection can spread to the ears, tonsils and adenoids, sinuses, eyes, throat and lungs. An infection in the ear or lungs can be a serious problem.

5. Ask your teacher for a 3" x 5" card. Copy the "Check List-Cold Complications" on page 106--either as it is written, or put it in your own words. Then keep the card where you can find it to remind you of the signs to watch for when your child has a cold.

6. How can you decide whether your child has a cold or the flu?

The child is usually sicker with the flu. She will probably be "sick all over" including aching bones and joints as well as upset stomach and diarrhea.

7. What is pneumonia? Describe four signs that may indicate pneumonia.

Pneumonia is a serious complication of the lungs. If the child has pneumonia, she is apt to have a high fever, a severe cough, rapid labored breathing with flared nostrils, and she probably looks very sick.

8. What is croup? What should you do about it?

Croup, which is caused by a narrowing of the windpipe, makes breathing very difficult. The child makes a "crowing" noise each time she breathes in, usually accompanied by a husky, barking cough. Always call your doctor when you think your child might have croup.

9. Why is strep throat far more serious than virus sore throat?

Strep throat can cause serious complications including rheumatic fever or nephritis (inflammation of the kidneys).

10. Why do most doctors not want to remove a child's tonsils or adenoids unless absolutely necessary?

Doctors think tonsils and adenoids may create a barrier that keeps bacteria from reaching the lungs and bloodstream. If so, they are needed especially during childhood for protection from disease.

11. What symptoms may indicate a middle ear infection? What should you do if your child has these symptoms?

Symptoms include pain in the ear, loss of hearing, buzzing or ringing in the ear, dizziness, or recurrent fever. The child may pull at her ear. If your child has these symptoms, call the doctor at once.

12. Describe three possible reasons for having your child's hearing checked.

Hearing should be checked if speech is delayed, if she keeps saying "What?" or if she plays the radio and TV too loud.

13. Why should you not try to clean inside a child's ear?

The ear can be easily damaged, and usually cleans itself--the reason for ear wax.

READ "Temperature," pp. 117-121.

14. How do you take baby's rectal temperature?

Shake down the thermometer and coat bulb with petroleum jelly or cold cream. Place your baby on her stomach and gently put bulb of the thermometer into her rectum. Hold it in place for at least one minute.

15. Normal oral temperature is 98.6 degrees while rectal temperature is about 99.6 .

16. Show your teacher that you can read a thermometer.

17. A temperature of 101 degrees is considered a significant fever for an infant.

18. Describe a method for lowering a high fever.

Wrap the child loosely in a wet towel. Change the towels every five minutes for twenty to thirty minutes.

24 CHILD CARE

Principal Author: Henry R. Greenburg

Study Guide Five: "The Fussy Baby" and "Troubles in the Digestive Tract"

To the Teacher: Having an extremely fussy baby can be quite upsetting to a young parent. The book suggests possible reasons and offers reassurance to parents of babies who cry a lot. Reasons for digestive upsets are described.

Student Objectives:

1. To learn ways of coping with and comforting babies who fuss a lot.

2. To become aware of problems connected with digestion and ways of dealing with such problems.

READ "The Fussy Baby," pp. 125-135.

1. Describe several reasons babies cry.

Often she is crying because she is hungry. She may be telling you she has a dirty diaper, is cold or uncovered, has gas bubbles, is ill, or she simply wants attention and comfort.

2. What other symptoms besides crying will a baby have which might make you think she is sick?

She may have a fever, a runny nose. She may be vomiting or coughing. Her bowel movement may contain blood or mucus or she may have diarrhea.

3. What is colic?

Colic is a condition in which the baby, once each day, usually in the evening, cries loudly for one or more hours, turns red in the face, and passes gas.

4. According to some authorities, what causes colic? What will "cure" it?

Some say it is caused by an immature nervous system. Time will "cure" colic.

5. Describe several things your doctor might suggest you do for your baby if she has colic.

He might suggest a formula change. Using a hot pad or hot water bottle might help. Perhaps the doctor will prescribe medication. Burping baby more carefully could help and so could giving her a pacifier.

6. If your baby vomits and/or has diarrhea, is this part of colic?

No, vomiting and diarrhea indicate other problems.

7. When do most babies start getting their first teeth?

They usually get their first teeth when they are six to seven months old.

8. Does teething cause high fever or diarrhea? What signs of discomfort may she have when she gets her first teeth?

No, teething does not cause fever or diarrhea, but it can make your baby lose her appetite, become cranky and irritable, cry more and sleep less.

9. What can you do to help your baby feel better while she is teething?

Give her safe things to chew on such as a teething ring filled with cold water. Massage her gums with your fingers. The doctor may suggest aspirin to relieve pain.

READ "Troubles in the Digestive Tract," pp. 139-147.

10. What kinds of new things will baby experience in her first year of life that may cause digestive upsets?

She will have to cope with new foods, germs, medication, and new experiences.

11. Is it important that your child have one bowel movement, and only one, each day? Explain your answer.

No, it doesn't matter if baby has several BMs each day or only one every few days if she is healthy and gaining weight. If there is a drastic change in the number of movements or in the consistency and odor of the stool, she may have a health problem.

12. Does the color of the stool matter? Explain.

No, the color is not significant. The color will change to dark red, for example, if

your child eats beets, or to bright orange if she eats apricots.

13. If you notice blood in the stool, or if it is inky black, what should you do? Why?

Call your doctor right away. An inky black stool might mean internal bleeding.

14. If your child has mild diarrhea which lasts only a day or two, what can you do to help?

Stop feeding her solids and dilute her milk or formula. If she is taking any medicine, check with your doctor.

15. What is constipation?

If a person is constipated, it means she has gone an abnormally long time without a bowel movement.

16. Is constipation an emergency situation about which you should "do something" at once?

No. It is better to do too little than too much so far as treating constipation is concerned.

17. What are the signs of a concussion--which mean you must call your doctor?

A concussion could be indicated if your child vomits, and is pale and drowsy. She might even become unconscious.

18. Vomiting causes a loss of liquids. When and how should you start feeding your child after she vomits?

Two or three hours after she stops vomiting, start feeding her liquids, a few sips at a time. A teaspoon or two of water, fruit juice, or carbonated drink is enough at first. If this causes more vomiting, stop immediately and try again later.

25 CHILD CARE

Principal Author: Henry R. Greenburg

Study Guide Six: "Your Child's Eyes" and "Medication and Treatment"

To the Teacher: Problems associated with children's eyes are described. Giving medication to a child and the use of vaporizers are discussed.

Student Objectives:

1. To learn how to deal with the possible problems connected with children's vision.

2. To be aware of rules and methods to be followed when caring for an ill child.

READ "Your Child's Eyes," pp. 151-155.

1. If a two month old baby looks cross-eyed at times, is she apt to have a problem later with her eyes?

No. This is a temporary thing usually.

2. If white matter collects in your child's eyelids and makes them stick together while she is sleeping, how should you clean it out?

Soften and remove this with a piece of sterile cotton dipped in warm water.

3. If your child gets a tiny piece of dirt in her eye, how can you help her get it out?

Pull the upper eyelid down and away from the eyeball which causes the eye to tear and also lifts the lid off the eyeball. In this way the dirt can move out of the eye.

4. If you can't find the dirt in her eyes--or you find it but can't get it out, what should you do? Why?

You should take her to the doctor. The dirt that stays in the eye could cause an infection.

5. What symptoms might tell you your child has injured the cornea of her eye? What should you do about it?

The cornea may be injured if you notice redness, tearing, pain, and irritation. You should take her to see the doctor.

6. What is conjunctivitis often called? What causes it?

It is often called pink-eye which is an inflammation of the eye. The cause might be an allergy or one of many different kinds of infections including respiratory viruses.

7. Describe some signs of possible vision problems.

If the child constantly rubs her eye, blinks, frowns a lot, and holds things extremely close, she may have vision problems.

READ "Medication and Treatment," pp. 159-169.

8. What are seven rules to follow when treating your child for an illness?

1. Only your doctor should prescribe medication.
2. If you don't understand your doctor, ask him to explain further.
3. Follow the doctor's instructions exactly.
4. Read carefully the label on the medicine container. Follow the directions.
5. If you think the medicine is giving your child an additional problem (rash or other reaction), tell your doctor.
6. Give the medicine ONLY to the child for whom it was prescribed.
7. Never give your child old medicine unless the doctor says it is OK.

9. How do you insert a suppository?

Lay baby on her stomach. Unwrap the suppository and gently insert it, pointed end first, into her buttocks. Push it well inside her rectum because there it will dissolve quickly. Hold her buttocks closed for several minutes.

10. If your child seems to be feeling OK before she has taken all of her prescribed med.cine, do you need to continue giving the medicine to her? Why or why not?

Yes, continue until the prescription is finished. Sometimes the symptoms clear up but the illness is not completely cured.

11. Is it wise to hide medicine by mixing it in your child's food or drink? Why or why not?

No, you shouldn't do this because the child will probably discover the medicine anyway and distrust you. She may also decide she doesn't like that particular food and if she doesn't eat all the food, she won't get all of her medicine.

12. Why do we sometimes need to use vaporizers?

A vaporizer puts moisture into the air which helps soften the mucous membranes of her nose and throat. This will help her to breathe more easily.

13. Is a cold vaporizer as helpful as the warm kind? Why should you use the cold one?

Yes, it is as effective. Using a cold vaporizer means you don't have the danger of your child being burned or scalded by a hot vaporizer.

14. Make a list of the "Suggestions for Your Medicine Cabinet" given on page 169. Then check your medicine cabinet at home. How many of these medicines do you already have? You may want to get the others so they will be there when you need them. Notice the starred items which mean you should check with your doctor before using them.

15. READ page 173. Make a copy of the half-page "Check List" which lists the information you should have ready before you call your doctor concerning your child's health. Keep the check list handy so you will have it when you need it.

26 *INFANTCARE*

Office of Child Development
U.S. Department of Health, Education, and Welfare

To the Teacher: This booklet is well done and costs only $1.00 each. It contains a wealth of information on infant care.

Student Objectives:

1. To learn how to care for a baby throughout the first year of life.

2. To become aware of infant's emotional and intellectual as well as physical needs.

3. To learn how to cope with accidents and illnesses of childhood.

READ "You and Your New Baby," pp. 1-7.

1. Why should you handle and play with your baby a lot, even while you are still in the hospital after delivery?

You will learn about your baby by handling and playing with her. This will make it easier for you to care for her when you go home.

2. Do you plan to breast or bottle feed your baby? Why?

3. How often should you feed a baby?

Baby should be fed whenever she seems to be hungry.

4. If your baby gives up one of her daily feedings--but it is a day time feeding while she continues to want her 2 a.m. feeding, what can you do about it?

You can try waking her up in the daytime for her regular feeding, hoping she will soon learn to skip the night meal.

5. If you are breast feeding, how can you make sure your baby is getting enough to eat?

If she seems satisfied, she is OK.

6. Describe three things you could do to try to keep your baby from spitting up.

Be sure you burp her half-way through her meal and again after she has finished. Put her in an infant seat with her head a few inches above her stomach for 10-15 minutes after each feeding. Try giving her cold formula.

READ "First Weeks at Home," pp. 9-21.

7. Check the list of bedclothes and clothing. What changes would you make in it for your baby?

8. How much more does it cost to use a diaper service or disposable diapers instead of buying and washing your own?

It costs about ten times as much to use diaper service or disposable diapers instead of washing your own.

9. Demonstrate for your teacher the method of preparing formula described on page 11.

10. If formula in a bottle has been left standing at room temperature for an hour, should you feed it to your baby? Why or why not?

No, you should not use formula that has been at room temperature for more than 30 to 40 minutes.

11. If your baby's formula contains vitamins and iron, should you give her more vitamins and iron?

No. The formula contains enough.

12. List four rules to follow when bathing baby. (Rules can include things NOT to do, too.)

1. Never leave baby alone in the water for any reason.

2. Be sure the water temperature is right--if it's too hot, it can burn baby.

3. Don't try to clean nose, ears, or other body openings with cotton-tipped sticks.

4. Plain soap is better than special disinfectant soap.

13. To be "normal," must your baby have one bowel movement each day? Explain your answer.

No, some babies have a movement every three or four days while others have five or six each day.

14. What is constipation? What can you do about it?

If the bowel movements are hard, dry, and hard for baby to pass, whether several times a day or very infrequently, she is constipated. Putting one tablespoon of prune juice, brown sugar, or molasses in one of her bottles might help her.

15. Describe diarrhea. Do you need to call the doctor if your baby has diarrhea? If so, why?

Bowel movements that are big and watery are called diarrhea. You should call the doctor if your baby has diarrhea because it can cause dehydration--which means she loses more water than she drinks.

16. Should you worry about "spoiling" your baby during the first year? Why or why not?

Don't worry about giving her the attention she needs during this first year. This helps her build the trust she needs to become more independent later on.

17. If your baby has colic, is it her fault or your fault? What can you do to help her feel better?

No, it isn't her "fault" or her mother's "fault." No one knows why some babies get colic. Sometimes it helps to hold baby across your knees on her stomach and comfort her until she feels better.

18. Why might your newborn have some white or yellow discharge from her eyes? What should you do about it?

This discharge is caused by irritation from the medicine put into baby's eyes at birth. It should be OK in five to six days. If it gets worse or lasts longer than a week, call your doctor.

19. When the stump of the umbilical cord falls off your baby's navel, what care does the navel need?

If it oozes or bleeds a little for a few days, clean it with soap and water or with alcohol. Call the doctor if it bleeds or oozes more than two or three days after the cord falls off.

20. How can you help an older child who is jealous of a new baby? What precautions should you take?

Let the older child help you take care of the baby. But don't ever leave a 1-3½ year old child alone with the baby because he might hurt the baby--not because he is bad, but because he is jealous or simply doesn't understand.

21. Before you call your baby's doctor, why should you write down all your questions?

If you don't write questions down, you will probably forget something.

READ "After the First Weeks," pp. 23-57.

22. The booklet describes nine different aspects of temperament in babies. Read the material (pp. 23-27), then analyze a baby--your own or someone else's--who is at least one month old.

Describe where the baby "fits" for each of the following nine areas of behavior or temperament. To begin, give examples of the baby's behavior which show why you feel she has a high or low activity level. Then find examples to illustrate the other aspects of her behavior.

This question may take several hours to complete. Your credit will depend on the thoroughness of your analysis.

1. Activity level:
2. Regularity:
3. Adaptability:
4. Approach or withdrawal:
5. Threshold level or sensitivity:
6. Intensity of reaction:
7. Distractibility:
8. Positive or negative mood:
9. Attention span and persistence:

23. Check the development chart on pp. 28–30. Why are two ages given for each characteristic?

The chart states that most babies "do this" between one age and another. This is because babies develop at different rates. They don't reach the same "stage" at the same time.

24. If your baby was premature, how would you adjust the ages listed on the development chart so that it fits your baby's probable development?

If she was born one month early, add one month to the ages on the chart. If she was two months early, add two months.

25. If your child stands early according to the chart, does this necessarily mean she will talk early?

No, standing and talking are different kinds of activities which don't develop together.

26. If a baby is slow to develop in several areas, what are two possible reasons?

Something may be wrong with the baby or something may be wrong with the opportunities she has to learn and develop.

27. Describe five things to watch for when you consider the safety of a toy for your baby.

1. The toy should be strong enough so it won't splinter or break.
2. It must be big enough so your baby can't swallow it.
3. The toy should have no sharp points or edges.
4. It must not have parts that can come loose and be swallowed.
5. If painted, the paint must be safe.

28. The word "discipline" means teaching, not punishment.

29. Explain the idea that the key to discipline is not punishment, but reward.

If you smile at your baby when she smiles, she will smile more. If you act pleased when she coos, and later, talks, she will coo and talk more. But if you ignore her when she does these things, she will quit trying after a while.

30. According to the booklet, does punishment work well in the first years of life? Why or why not? How do YOU feel about these ideas?

The booklet states that punishment doesn't work well during the first year of life because the baby often doesn't even understand what she is being punished for. She also may prefer getting the extra attention even if it is meant to be punishment.

31. At what age does your baby really "need" food in addition to formula or breast milk?

She doesn't need other foods until she is at least six months old.

32. What kinds of new foods should you start with? How often should you give her another new food? Why?

Start with plain foods such as chicken instead of meat dinner, and rice instead of mixed cereal. Don't give your baby a new food oftener than every five or six days. If a new food causes vomiting, diarrhea, or a skin rash, you will then know which food was to blame.

33. Why are the ready-cooked infant cereals better for baby than are adult cereals?

Baby cereals contain iron and vitamins that are not found in the others.

34. Why should you give your baby very little (if any) candy, cookies, sugar, sweet desserts, or soft drinks?

They have little food value, they hurt her teeth, and they spoil her appetite so she is apt not to eat the nutritious foods she needs.

35. At what age should you start letting your baby drink a little milk from a cup?

By the time she is five or six months old she can drink a little milk from a cup.

36. Why should you select a doctor for the baby before she is born?

Sometimes the doctor will want to see you before delivery to discuss the care of baby. The doctor is almost sure to visit baby in the hospital after delivery.

37. What safety rules should you follow when you select toys for a baby aged birth to four months?

The toy should be too big to swallow, too tough to break, have no small breakable parts, and no sharp points or edges.

38. What telephone numbers should you post by your phone? Include the actual numbers for your area.

Post the numbers of your doctor, a rescue squad, and poison control center.

39. What should you do with unused electric outlets if you have a baby in your house?

You should cover them with safety caps or tape.

40. What label should you look for on paint which you will use to paint any toy, furniture, or woodwork the baby might chew on?

The label should state, "Conforms to American Standard 266.1-1955 for use on surfaces which might be chewed by children."

41. Why is it dangerous to use a tablecloth which hangs over the edge of the table when you have a baby around?

The baby might pull it and everything on the table onto herself.

42. Where should you keep medicines and household products that could poison the baby?

Keep them all in a locked cabinet.

43. What must you do if your baby is choking?

If she can still move air in and out, wait for her to cough it up. If she can not breathe, turn her head down and slap her firmly between the shoulder blades. Try again if necessary. Try to remove the object with your finger while she is still upside down. If you can't you may have to rush her to a hospital.

44. Describe mouth to mouth rescue breathing to your teacher.

The technique is described on page 47.

45. How can you stop bad bleeding?

You can stop it by applying direct pressure on the bleeding spot.

46. How do you treat burns from chemicals such as lye, oven cleaner, or pesticides?

Wash off the burned area with a lot of water for a long time.

47. If your baby swallows poisonous products, what should you do at once?

Give her as much milk or water as she will take, and call a doctor, hospital, poison control center, or rescue squad.

48. In what situations should you not make a child vomit after she has swallowed a poisonous substance?

Don't make her vomit if she is unconscious or having a convulsion, if she swallowed a strong alkali or acid such as lye, ammonia, or drain cleaner, or if she swallowed a petroleum product such as kerosene, turpentine, or furniture polish.

49. To make your child vomit, what should you do?

Give her two teaspoons of Ipecac syrup.

50. Describe some emergencies for which you must get immediate medical treatment.

Such emergencies include poisonous bites, vomiting blood, crushing injuries to the chest, or severe or extensive burns.

51. How do you take care of a cut? How do you decide if the cut needs stitching or a special bandage?

Hold a clean cloth over the cut to stop bleeding. Wash thoroughly with soap and water. Pat dry, and cover with a sterile bandage. The cut may need stitches if the

skin does not fall back into place or if the wound is at least 1/4 inch deep.

52. How should you treat a puncture wound?

Press the wound to encourage bleeding. Then soak in warm water 10-15 minutes. Bandage the wound. If it gets sore or red, call the doctor.

53. Should you put an ointment on a burn? How should you treat the burn?

Don't use ointments. Rinse the burn with cold water and cover with sterile cloth. An ice cube pack may help relieve pain.

54. Is it all right to wash clothing and diapers together?

Yes, this is OK.

55. Which costs less--powdered infant formula, liquid concentrate, ready-to-feed formula, or whole milk?

Powdered infant formula costs the least.

56. Do you need additional vitamin or mineral drops if you are using the powdered or liquid infant formula?

No, because the formula contains all the vitamins and iron the baby needs.

57. How much money does the booklet say you will save if you wash your own diapers instead of using a diaper service or disposables?

You will save about $200.

READ "Common Problems and Worries," pp. 59-67.

58. List things that may cause baby to get a skin rash. What can you do to keep baby's rash from getting worse?

If her skin is irritated by the bed-clothes, by spitting up, or by very hot

weather, she may get a rash. Usually the rash will go away if baby's skin is washed with clean water whenever it is dirty, and washed with mild soap once a day. Most babies develop a rash occasionally.

59. What is cradle cap? What can you do to prevent or control it?

If waxy scabs develop on the scalp and forehead, it is called cradle cap. Gently scrubbing the area with mild soap and a wash cloth will usually take care of it.

60. If your baby has a red, blotchy birthmark or a bright red raised "strawberry mark," must you "do something" about it? Why or why not?

The marks usually go away by themselves without any special treatment.

61. How can you help prevent diaper rash?

Change the baby's diapers often. Rinse the diaper area with clean water each time you change her. Rinse diapers thoroughly after you wash them. If the diaper area seems irritated, put a layer of zinc oxide paste on it each time you change her.

62. If your baby does get a diaper rash, what can you do about it?

Quit using plastic pants until it clears up. Leave the baby's diaper area bare for a few hours each day. Use a zinc oxide paste after each diaper change.

63. If your baby has an umbilical hernia (a swollen navel), is it usually necessary to have it repaired by surgery?

Most of the time this is not necessary. Hernias usually go away eventually.

64. How long does it take a circumcision to heal? Until it does heal, what care does it need?

It usually heals completely within a week to ten days. Putting a little vaseline or zinc oxide on the tip of the penis each time you change his diaper will help prevent irritation caused by the diaper.

65. If your baby is irritable and you think it is caused by teething, how can you help her?

Give her something cold to chew on. Perhaps she will need half a baby aspirin every three or four hours.

66. How can you help baby if she has a cold?

The doctor may suggest half a baby aspirin three or four times a day. You can clear her nose with a nasal syringe. One teaspoon of honey mixed with lemon juice given every four hours will help a cough.

67. How do you decide whether your baby has "just a cold" and you and your doctor can't do much about it—or if she is really sick and should be taken to the doctor immediately?

If she seems really sick--very weak with not even enough energy to cry loudly, nurses poorly, and doesn't wake up to be playful even for a few minutes, you should call the doctor. If she has to work hard to breathe, check with the doctor.

68. If your child has a fever but doesn't seem sick otherwise, what should you do?

You can make her more comfortable by giving her plenty to drink, taking off extra blankets, and washing her face with a cool wet cloth. She may need baby aspirin if she seems quite uncomfortable.

69. When and how do you start feeding a baby who has been vomiting?

Wait an hour after she vomits. Then give her one-half ounce of cold sweet juice, tea, or soft drink every ten to fifteen minutes for an hour. Then give her one ounce to drink every ten to fifteen minutes for the next hour, then two ounce feedings during the following hour. Giving two ounces to drink at once is enough until six hours after vomiting stopped.

70. Should you insist that a sick child eat? What about drinking?

A sick child doesn't need to eat if she doesn't want to, but she should get plenty of liquids.

71. Please evaluate the booklet. Did you find it helpful? If you would like a copy for yourself, ask your teacher how to order it. It costs $1.00.

27 WAYS TO HELP BABIES GROW AND LEARN: ACTIVITIES FOR INFANT EDUCATION

By Leslie Segner, Ph.D., Charlotte Patterson, R.N.

To the Teacher: Answers are not included because the questions are meant to elicit merely examples of the wealth of ideas contained in this little book. Each student may find quite different ideas of interest to him/her.

Student Objectives:

1. To learn more about helping a child learn--to learn to talk, to play, to express herself freely as she grows.

2. To learn more about helping your child develop a good opinion of herself.

READ "Guidelines for Infant Educators," pp. 3-4.

1. How should you organize a play area for infants? (Include safety tips in your answer.)

2. You should encourage a child to complete what she starts. However, if you notice she is upset or frustrated by a task, what should you probably do?

3. Why should you praise a child's efforts and accomplishments?

Do you feel you were praised enough when you were a child?

4. How can toys and games be used to stimulate language development?

READ "Language Development Guidelines," pp. 5-15.

5. Why should you talk a lot to your baby?

6. How can looking at magazines and books with your baby help her language development?

7. Describe several other ways of helping your baby develop language ability.

8. How can you help your toddler learn to express herself through talking? Describe several ideas that you especially like and may want to follow with your child.

9. What is a feelie-bag? What is its purpose?

10. What can a child learn from playing with small rubber or plastic zoo and farm animals?

READ "Personal Social Guidelines," pp. 16-20.

11. How can you help your baby feel that she is a very important individual and that she is a good person? Include some specific ideas.

12. What are some of the things a toddler will want to do by herself? How can you encourage and help her to learn todo these things?

13. If your child draws a picture at home and you both know it's hers, why should you still write her name on it?

READ "Fine-Motor Development Guidelines," pp. 21-27.

14. What is fine-motor development? If you don't know, look up the term in a child development textbook.

15. Describe several ways you can help an infant develop her fine-motor skills.

16. How can a bunch of cans of different sizes help a toddler develop fine-motor skills?

17. Describe several ways to use building blocks to help a child learn.

18. What use could you find for empty spools for a toddler?

READ "Gross-Motor Development Guidelines," pp. 28-32.

19. Define gross-motor development. If necessary, look it up in a child development textbook.

20. How can you help a baby develop gross motor skills? List several ideas.

21. What are some toys and equipment that will help a toddler develop gross-motor skills?

Look through the section titled "Commercially Available Toys and Books," pp. 33-36.

READ "Toys That Can Be Made," pp. 37-43.

22. Ask your teacher for 3" x 5" cards. Start your own card file of ideas and directions for toys you can make for your baby. Choose at least ten of the items described in this section. Write down directions clearly enough so that you can make each item later when your baby is ready for it.

23. Make at least one of these toys to hand in with this assignment.

24. Please evaluate the book. How much do you think you will use these ideas with your baby?

28 FEED ME--I'M YOURS

By Vicki Lansky

To the Teacher: Far more than a recipe book, this little book does an excellent job of discussing the nutritional needs of children at different ages. It is also a how-to book --how to prepare baby food, how to cope with children who don't eat much, how to give a birthday party, and how to freeze baby food.

Student Objectives:

1. To learn the nutritional needs of babies and children at different ages.

2. To learn how to provide food for children that is nutritious and appetizing.

READ "Introduction," pp. 1-2.

1. A good diet is low in carbohydrates and refined sugar. WHY?

Most of us get far more carbohydrates than we need. The empty calories in sugar often mean we don't get the nutritious foods we need.

2. What food does your baby need during the first four to five months of her life?

She needs only mother's milk or formula.

3. If your year-old baby wants a bottle when she goes to bed, should it contain milk or water? WHY?

It should contain water because milk forms a film on teeth which often leads to decay. It also may have something to do with baby's ear infections.

READ "Baby Food from Scratch," pp. 3-12.

4. Describe at least three reasons you might make your own baby food rather than buying little jars of ready-prepared baby food.

1. It is cheaper.
2. It is more nutritious.
3. It contains no additives.

5. Describe the steam method of cooking. What are its advantages?

The food is cooked by being held above rapidly boiling water. This preserves vitamins and minerals better than does direct boiling.

6. Describe two methods of storing baby food in the freezer.

You can pour it into "pop out" ice cube trays. You can "plop" it by spoonsful onto a cookie sheet, then freeze and store.

7. Read the recipes on pages 6-12. Choose one recipe and prepare it for your baby if she is old enough. Otherwise, prepare a little for someone else's baby. What did you fix? How did it turn out? Did the baby appear to enjoy the food?

8. Does your baby need salt on her food?

No, salt is not necessary for babies.

9. When do most doctors suggest you start feeding eggs to your baby? Why do they advise waiting?

They say to wait until baby is six months or even a year old because some infants are allergic to egg white.

READ "Finger Foods," pp. 13-19.

10. List several foods NOT recommended for children younger than 12-18 months.

Corn, leafy vegetables, popcorn, raw carrot sticks, and chocolate are among foods mentioned in the book.

11. How can you fix peanut butter so your baby can eat it without the peanut butter sticking to the back of her mouth and gagging her?

You can thin peanut butter with milk.

12. Must babies have teeth to be able to chew soft foods?

No, because they can chew soft foods with their gums.

13. Try one of the recipes for teething biscuits or crackers. Report on the results. (Bring a small sample to school.)

Look through the section titled "Toddler Foods," pp. 20-28. READ "Snacks," pp. 29-33.

14. List three reasons children should not eat junk foods.

They may not want nutritious foods after they eat junk. The junky snacks contribute to tooth decay and add extra weight.

15. Why does the book suggest serving raisins and other dried fruits with regular meals rather than as a snack between meals?

The sugar in the dried fruit is hard on the child's teeth unless she brushes right after eating.

16. Try one of the recipes in the "Snacks" section, perhaps the fruit roll on page 33. Report on your results.

LOOK THROUGH the rest of the book.

17. Try at least one more recipe and report on your results.

18. BE SURE TO READ "How to Bake a Cake," p. 116!

19. EVALUATE the book. Did you enjoy reading it? Did you find it useful? What parts did you think were especially practical?

29 A SEASON TO BE BORN

By Suzanne Arms
Photographs by John Arms

To the Teacher: If you glance through this book of photographs and poetic text illustrating a young woman's delight in the progress of her own pregnancy, you will understand the reason for the short, simple assignment.

Student Objective:

To feel something of the miracle of pregnancy and birth.

A Season to Be Born describes and illustrates a young woman's feelings as she goes through her first pregnancy.

Read--rather, enjoy--the words and pictures. React in writing.

Do you understand some of Suzanne's feelings? Have you had feelings something like hers?

Be creative in your writing. Take your time with this assignment. Perhaps you disagree strongly with some of the things Suzanne said and/or did. (Not too many of us, for example, are apt to go dancing on the beach during the later stages of pregnancy!) Write about your disagreements. Explain how and why YOU feel as you do.

ABOVE ALL--Write about YOUR feelings about YOUR pregnancy.

30 *SINGLE AND PREGNANT*

By Ruth I. Pierce

To the Teacher: Certainly not a new book, this still is an excellent resource. It is recommended either as a personal psychology or English assignment.

Student Objectives:

1. To be aware of the alternatives (abortion, adoption, marriage, single parenthood) available to a young woman who is single and pregnant.

2. To learn how to obtain help in coping with personal problems, whether these problems are emotional, physical, or whatever.

READ Chapter 1, "Avoiding Pregnancy: The Basic Facts," pp. 1-10.

1. Why does using the rhythm method of birth control so often result in pregnancy?

Many things can alter a woman's ovulation pattern. Young girls often have very irregular periods, making the rhythm method especially unsatisfactory for them.

2. Why does the withdrawal method of birth control not work either?

Enough sperm escape from the penis before ejaculation to cause pregnancy.

3. Will douching prevent pregnancy? Why or why not?

No. If anything, it pushes the sperm on up towards the uterus.

4. Describe four methods of birth control. Comment on the effectiveness of each method.

1. A condom is a rubber cap which fits over a man's penis during intercourse. So long as it catches all the sperm, and does not come off the penis until it is out of the woman's body, it is quite safe.

2. A diaphragm is a rubber disc which fits over the cervix to keep sperm from entering the uterus. The size of the diaphragm must be measured by the doctor. It is quite effective.

3. The Intra-Uterine Device (IUD) or Loop is a small plastic device which the doctor inserts through the cervix into the uterus. It somehow keeps a fertilized egg from attaching itself to the uterus wall.

4. The birth control pill is very effective if taken every day.

READ Chapter 2, "Diagnosis," pp. 11-22.

5. What are some symptoms which suggest pregnancy?

Symptoms may include missed period, morning sickness, more frequent urination, and tiredness.

6. Where could you go for a pregnancy test? (The book lists several places, but please include only the places available for your use in your area.)

Possibilities include Planned Parenthood, Public Health Department, county hospital, obstetrician, college health center, free clinic.

7. If a girl thinks she might be pregnant, how soon could she get a pregnancy test?

The pregnancy test is not valid unless done no sooner than a few days after the first missed period was expected.

8. What do the letters LMP stand for?

They stand for Last Menstrual Period (first day of the period).

EDC? Estimated Date of Confinement.

9. When is your baby due? How did you figure the date? Can you count on him/her being born on this exact date?

Figure the date by adding seven days to the last expected menstrual period, then count back three months. It won't be an exact date.

10. During which three months of pregnancy is a miscarriage most apt to occur?

A miscarriage is most apt to occur during the first three months of pregnancy.

11. What are the advantages of early diagnosis of pregnancy?

If you want to get married, you have time to make plans. If you want an abortion, you have time to find a responsible person to do the operation. Whatever your decision, you need to get prenatal care right away.

READ Chapter 3, "Boy Friends and Parents," pp. 23-29.

12. Did you find this chapter helpful to you in your situation? Or might it have been helpful when you first thought you might be pregnant? Why or why not?

READ Chapter 4, "Overview of Community Resources," pp. 30-42.

To the Teacher: The chapter mentions a wide variety of kinds of help a pregnant girl could get from the following sources:

13. How might a doctor be able to help you during pregnancy? Please include possibilities other than general prenatal medical care.

14. What kinds of help might a pregnant girl get from a lawyer?

15. What are some of the ways a Planned Parenthood agency might help you?

16. How can the Child Welfare Department help a pregnant girl?

17. Describe several other agencies which might be of help to a pregnant girl.

Mentioned in the chapter are Planned Parenthood, maternity homes, adoption agencies,

family service agencies, abortion referral groups, maternity and infant care projects, YWCA, Red Cross, and others.

READ Chapter 5, "Marriage," pp. 43-46.

18. Write a short paper (at least two pages--longer if you like) discussing reasons for and reasons against marriage as a "solution" to a pregnant teenager's problems. You may be completely impersonal in your answer, or you may discuss your own situation.

READ Chapter 6, "Abortion," pp. 47-56.

(Note to the student: Some of the information presented in this chapter is no longer true. Abortions, of course, are legal all over the United States at this time. The descriptions of the kinds of abortion, places to go, etc., are accurate.)

19. What two methods of abortion can be performed up until the end of the twelfth week of pregnancy?

The two methods are the vacuum and the D and C.

20. What two methods can be performed after the twelfth week?

A hysterotomy and a saline abortion can be performed after the twelfth week of pregnancy.

21. What about self-induced abortion? Can a girl go to a drugstore and buy something that will make her abort safely?

No, absolutely not!

22. Why is self-induced abortion very dangerous?

A self-induced abortion is especially dangerous because during pregnancy the uterus

becomes soft and enlarged. A self-induced abortion could perforate the wall of the uterus. Infection is another big risk.

READ Chapter 7, "The Problem Gets Bigger," pp. 57-60.

23. How do you react to this chapter? Does it seem helpful for the area in which you live? Or do you think conditions have changed, at least where you live, since this book was written?

READ Chapter 8, "Planning Through a Maternity Home," pp. 61-80.

24. Describe some of the services offered by maternity homes.

Maternity homes offer a single girl a place to live during her pregnancy. Counseling, educational services, and medical care are also provided.

25. How do YOU react to this chapter? If you were pregnant (or are), do you think you would like to spend several months of your pregnancy in a maternity home? Why or why not?

READ Chapter 9, "School Programs," pp. 81-83.

26. How does your school district compare to the districts described? Are girls pushed out of school if they are pregnant? "Sent" to a special program? Or are they given the option of staying in their regular school or choosing the special program? If you don't know, check with your school counselor.

READ Chapter 10, "Other Living Arrangements," pp. 84-91.

27. What is a "mutual service home"? How do you react to this idea?

This is a home in which a pregnant girl receives room and board and perhaps a small salary in exchange for baby-sitting and/or light housework.

28. Describe some of the problems you may face if you decide you want to move into an apartment.

A full-year lease is often required plus a cleaning deposit. Some landlords will not accept young people or unemployed people. You will need a telephone which is another expense.

READ Chapter 11, "Financial Resources," pp. 92-100.

29. Why is a pregnant woman who is single asked to file a complaint against the baby's father with the district attorney if she applies for welfare?

The Welfare Department will try to collect child support payments from him.

30. If you need help with your medical expenses (Medi-Cal in California), must you also apply for other financial aid from the Welfare Department?

No. You may apply only for Medi-Cal.

READ Chapter 12, "Medical Care," pp. 101-115.

31. Describe some "danger signs"--reasons for calling the doctor at once.

Danger signs include bleeding from the vagina, sudden puffiness of the face, eyes, or fingers; bad headache; dim or blurring vision; severe abdominal pain; lots of vomiting; high fever; rupture of membranes (indicated by rush of fluid from vagina).

32. Why is a woman who does not eat the right foods more apt to have a premature baby?

If her body is starving, it will not tolerate the baby growing inside her, so it will try to get rid of it early.

33. In California, at what age can a person be treated for VD without her/his parents being notified?

Anyone 12 or older can be treated.

READ Chapter 13, "Adoption," pp 116-137.

(Note to student: The book suggests pregnant girls are turned away from adoption agencies because there are more babies than there are adoptive parents. This is no longer true. Agencies now usually do not have as many babies available for adoption as there are adoptive parents waiting for babies.)

34. Who is the one person who MUST sign the adoption papers in order to make the adoption legal?

The mother of the baby must sign.

35. What are the two kinds of legal adoptions? Describe each of them.

1. Agency adoption refers to placing a child for adoption through an agency such as the Children's Home Society.

2. In independent adoption, the mother takes the responsibility of finding adoptive parents for the baby. Often her doctor will help her.

36. Why are final papers never signed until after the child is born?

If the mother changes her mind after delivery and decides to keep her baby, she can do so.

37. Why does an agency prefer to have papers signed as quickly as possible after birth, usually within two to six weeks after delivery?

It is better for the baby to be taken to her/his permanent home as soon after birth as possible.

38. What are the differences in the way the birth certificate is handled for an adopted baby as compared to a baby remaining with her biological parent?

The biological mother fills out a birth certificate for the baby. When the baby is adopted, a second birth certificate is filled out listing the adoptive parents as the parents. The original birth certificate is sealed in a vault.

39. Who pays for the services connected with an agency adoption, the biological mother or the adoptive parents?

The adoptive parents pay for them.

40. How carefully are adoptive parents screened by the adoption agency?

They are screened extremely carefully by the agency's social worker.

41. What are some drawbacks to independent adoption?

In an independent adoption legal problems are more apt to occur than with an agency adoption.

42. What is an advantage of independent adoption?

The baby is more apt to be taken home directly from the hospital by the adoptive parents.

43. How long does it take for an independent adoption to become final?

It is final in six months to a year.

44. What is relative adoption? What do YOU think of this kind of adoption?

It is the adoption of the baby by a relative of the mother.

45. If someone tries to bribe you with cash or gifts in order to persuade you to surrender your baby for adoption, or if anyone wants you to sign the final adoption papers before the baby is born, what should you do?

Report it to the Legal Aid Society at once.

46. What is the difference between a foster family and an adoptive family?

Children are placed with a foster family temporarily while they are placed permanently with their adoptive family.

47. If a child is under foster care, who does she legally "belong" to?

The mother has legal custody of the child.

48. How can foster care be misused by the mother?

If she leaves her baby in foster care for a long time, but does not relinquish for adoption, the baby is apt to feel insecure and unwanted.

READ Chapter 14, "Counseling and Therapy," pp. 138-151.

49. Will a good counselor make your decisions for you?

No, she will try to help you make your own decisions.

50. Describe a situation (imaginary or real) in which a girl might want to look for counseling help.

51. What about the cost of counseling? How can you get counseling help if you have very little money?

You can get counseling from an adoption agency, from a clinic whose fees are scaled according to your ability to pay, or from a family service agency.

READ Chapter 15, "Hospitalization and Delivery," pp. 152-162.

52. Why do most hospitals encourage a mother to see her baby before she places her/him for adoption?

They feel it is a better approach psychologically than never having seen the baby.

53. Explain the difference between infant release forms and relinquishment papers.

If the mother permits anyone other than herself to take the baby from the hospital she must sign infant release forms. These are NOT relinquishment papers. Relinquishment papers are the papers to be signed to have the baby placed for adoption.

READ Chapter 16, "After the Baby Is Born," pp. 163-169.

54. Why must you have a six-week checkup after delivery?

The doctor should check your blood pressure, the healing of the episiotomy, and your uterus to see that it has returned to its proper size and position. He also checks your blood to learn if you are anemic.

55. How soon after delivery can an IUD be inserted?

It can be inserted immediately.

56. When can a woman be fitted for a diaphragm?

She can be fitted 6 weeks after delivery.

57. How do you think you would feel if you delivered a baby, then placed it for adoption? Write a paragraph expressing your possible feelings.

READ Chapter 17, "Concerns of Girls Who Keep Their Babies," pp. 170-184.

58. Where might you be able to buy baby clothes and furniture at less than usual prices?

Possibilities include Goodwill, Salvation Army, and sales.

59. Under the heading "Employment" (p. 175), what is described as being "almost imperative" for a girl to have? (What does imperative mean?)

It is imperative (essential) for a girl to have a high school education.

60. How might a Public Health Nurse help you after you go home with your new baby?

Public Health nurses will visit new mothers in their homes and answer questions they may have about their babies.

61. What is a Well Baby Clinic?

It is a clinic to which you can take your baby for routine shots and immunizations at no charge.

62. What is the most critical problem a single mother may face, according to the author? (p. 181)

Isolation from other people is a big problem.

63. Please evaluate the book.

31 *HAVING A BABY* "PREGNANT AND UNMARRIED"

By Maxine Phillips. Kay Koschnick, Ed.

To the Teacher: This is a good, easy-to-read booklet to offer a student early in her pregnancy. It discusses options available to the person who is single and pregnant, and explains how she can get help as she needs it.

Student Objectives:

1. To learn of the options available to a single, pregnant woman.

2. To become aware of the various kinds of community help available and how to go about getting such help when needed.

READ Having a Baby, pp. 130-149, OR the separate booklet titled "Pregnant and Unmarried."

1. Where can you go for a pregnancy test?

You can get a pregnancy test at a Planned Parenthood or Public Health Clinic.

2. How does the doctor find out whether or not a person is pregnant?

A sample of urine is usually checked. The doctor may also want to check inside you. In this way he can usually tell if you are pregnant or not.

3. If you want someone to help you decide what to do about an unplanned pregnancy, where could you go for help?

You can go to such places as a Family and Children's Service Agency, Planned Parenthood Clinic, school counselor, a priest, rabbi, or minister, or to a doctor or a Public Health nurse.

4. What are some things to consider before rushing into a marriage because of pregnancy?

Age, education, money situation, and the relationship between the two are some of the things to consider.

5. Trying to give yourself an abortion is so dangerous it might kill you. BUT--is getting an abortion done by a doctor in a clinic or hospital dangerous or hard on the mother?

No, it is less dangerous than continuing the pregnancy and having the baby.

6. In which states is abortion now legal? Does this mean all doctors and hospitals will perform abortions?

It is legal in every state. Some doctors and hospitals won't do abortions, however.

7. If you talk to someone at an adoption agency, does this mean you must give your baby up for adoption?

No. The adoption counselor will help you decide what YOU want to do.

8. If you think you might be interested in placing your baby for adoption, do you have to make up your mind by the time s/he is born?

No, you don't. You could put the baby in a foster home for a short time while you decide what you want to do.

9. Should a baby be left in a foster home for a long time? Explain your answer.

No, because the foster parents will love the baby and the baby will love them. It would be very hard on the baby to be moved again.

10. What are some things you need to think about if you decide to keep your baby?

Caring for a baby is hard work. It costs a lot of money. You might not be able to finish school if there is no one to help you take care of the baby.

11. List some of the costs of having a baby. How do you plan to pay these costs?

The hospital usually charges at least $1000. You have doctor visits to pay for in addition to the hospital fees.

12. Is it easy to get welfare? How do you apply for welfare?

No, it isn't easy. You will need papers showing you are pregnant, that you are who

you say you are. They will also want to see rent and gas bills. They will want to know if you have any money or if you own property.

13. If you have trouble getting aid from Welfare, what can you do about it?

You can call Legal Aid, your Welfare Rights Organization, or a counselor from the Family and Children's Services Agency. Ask them to help you.

14. Why does the Welfare Department want to know who your baby's father is?

They want to try to get him to pay some money for your baby's support.

15. What is a maternity home? How can you find out about them?

A maternity home is a place a single girl can go to live during her pregnancy. You can find out about such a home from your counselor, from the Salvation Army, Florence Crittenton Association, or from a Family and Children's Service Agency.

16. What are YOU doing to make sure you continue your high school education, both during pregnancy and afterwards?

17. If you don't want an abortion, can anyone force you to have one?

No, an abortion can't be done legally without the consent of the person getting it.

18. Pages 144-146 discuss legal questions but state that laws vary in different places. You need to check with Legal Aid or a lawyer in YOUR town. List several such questions--perhaps those in the book, perhaps not. Let your teacher help you find the answers.

32 THE SINGLE PARENT EXPERIENCE

By Carole Klein

To the Teacher: Answers to the questions in this study guide are not included. The questions are very general and often ask for the student's viewpoint concerning the ideas expressed in the book.

Student Objectives:

1. To learn of some of the reasons people choose to become single parents.

2. To learn more about some of the possible problems faced and satisfactions received through single parenting.

3. To consider the effect on the child or children of being reared by a single parent.

READ "Introduction," pp. 15-23.

1. Describe some of the changes in people's life styles which the author is discussing.

2. Summarize the chapter. What is the book about?

3. Explain the statement (p. 22), "The 'right' way has been replaced by a variety of ways, each of which competes for our attention." How do YOU react to this statement?

READ "Why Separate Parenthood from Marriage?" pp. 25-34.

4. Describe the changes in marriage discussed by the author.

5. Do you think the institution of marriage has changed or is changing? Explain your answer. How do YOU feel about this?

READ "The Importance of Being Honest," pp. 35-59.

6. What are some of the problems that may occur if a child is placed for adoption a year or two AFTER birth?

7. Explain some of the reasons a woman might decide to become a single mother.

8. Discuss what you think are GOOD reasons for an unmarried mother to keep her child to rear alone.

READ "The Single Parent--Male," pp. 61-81.

9. How do you react to the idea of single fatherhood? Discuss in a paragraph.

READ "Who Are the Unmarried Mothers of Today?" pp. 83-102.

10. Without giving the real name, describe a single mother you know. Try to figure out (ask her if it will help your thinking) why she decided to be a single mother. (If you are or are planning to be a single mother, you may be your own case study if you prefer.)

SKIP the next two chapters if you like ("Homosexual Parents" and "Adoption"), pp. 103-142.

READ "Natural Motherhood," pp. 143-168.

11. Summarize the chapter briefly, then explain YOUR feelings toward the material presented.

READ "The Single Parent's Family," pp. 169-180.

12. Discuss the author's ideas about a single mother's relationship with her own parents. How can grandparents be helpful?

READ "Child Care," pp. 181-208.

13. Describe in detail your plans for the care of your baby when you will not be available. Do you plan to work or go to school while your child is small? What will you do about child care then? What will you do when you want to go out with friends?

READ "The Social Realities of Being a Single Parent," pp. 209-228.

14. After you read the chapter, make up and write down several--at least five--questions to ask a single parent,

based on the ideas in this chapter. Then talk to a single mother. Find out how she reacts to your questions. Is she finding her life at all like the lives described in the book? Report on your results.

READ "The Alternative Life-Style," pp. 229-247.

15. What are some of the possible advantages of life in a commune?

What are possible disadvantages?

16. How do YOU react to the idea of communal living?

READ "The Psychological Effects of Having a Single Parent," pp. 249-269.

17. How might having only one parent affect a child psychologically?

18. What can a single parent do to help her child to be as psychologically healthy as possible? Discuss fully.

READ "Creating Tomorrow's Person," pp. 271-285.

19. Discuss the author's ideas about children of single parents adapting to the world of tomorrow. How do YOU feel about this?

20. Evaluate the book. Did you think it made sense? Was it interesting or rather dull? Did it contain good ideas--or misleading ideas? Who do you think might like to read it?

33 *1, 2, 3, 4, 5, 6--HOW TO UNDERSTAND AND ENJOY THE YEARS THAT COUNT*

By Patricia Coffin

To the Teacher: This book of beautiful photographs of a little girl as she grows from birth to age six will surely appeal to most of your students.

Student Objective:

To become knowledgeable about the "ages and stages" a child passes through during her first six years.

1. READ and look at the photographs on pages 12-33. Comment on Ms. Coffin's attitude toward a mother working outside her home. How does her attitude compare with Ms. Frailberg's opinions? What do you think?

Ms. Coffin returned to work when Dionis was six weeks old, and she thinks this is a practical approach for many mothers. Ms. Frailberg thinks it is best for mothers to stay home with their children until the children are in school.

2. READ and examine pages 34-55. How does Ms. Coffin describe the one-year-old child? Discuss.

3. READ and examine pages 56-77. Why is the two-year-old stage often called the "terrible twos"? Discuss. If at all possible, include a description of a two-year-old child you know.

4. READ and examine pages 78-101. Describe the "age of make-believe." Include examples of children you have observed. Or perhaps you will remember incidents from your own childhood which tie in with this section.

5. READ pages 102-115. Discuss the problems and pleasures of TV viewing for small children. How will you guide your child's TV watching?

6. READ pages 116-135. Describe a child at the age of five. Perhaps you know a five-year-old child. How does s/he fit the picture of Dionis?

7. READ pages 136-157. How do you think you will answer your child when she asks where babies come from? Discuss, including comments based on Ms. Coffin's ideas.

RESOURCE MATERIALS

HOW TO PURCHASE STUDY GUIDE BOOKS

The following prices are accurate at this time (1977) but may change at any time. If you order directly from the publisher, add $1.00 to cover handling and mailing.

Arms, Suzanne. A Season to Be Born. Photographs by John Arms. 1973, 112 pp., pap. $3.50. Harper Colophon Books, Harper and Row Publishers, Inc., Scranton, PA 18512.

Brenner, Erma. A New Baby! A New Life! Illustrations by Symeon Shimin. 1973, 127 pp., pap. $4.95. McGraw-Hill Book Company, Princeton Road, Hightstown, NJ 08520.

Coffin, Patricia. One Through Six: How to Understand and Enjoy the Years That Count. Photographs by James Hansen. 1972, 155 pp., pap. $4.95. Collier Books, The Macmillan Publishing Company, Inc., Riverside, NJ 08075.

Day, Beth, and Dr. H. Margaret Liley. The Secret World of the Baby. (illus.) (gr. 5 up), 1968, 108 pp., $5.69. Random House, Inc., 457 Hahn Rd., Westminster, MD 21157.

Gordon, Sol. Facts About Sex for Today's Youth. Illustrated by Vivien Cohen. 1973, 48 pp., $5.50; pap. $1.90. John Day Company, Inc., 666 Fifth Avenue, New York, NY 10019.

Greenberg, Henry F., Saul H. Jacobs, Thomas B. Conrad. Child Care. 1975, 173 pp., pap. $6.95. Sutherland Learning Associates, Inc., 14654 Oxnard St., Van Nuys, CA 91411.

Klein, Carole. The Single Parent Experience. 1973, 285 pp., $7.95, Walker and Company; pap. $1.95. Avon Book Division, The Hearst Corporation, 959 Eighth Avenue, New York, NY 10019.

Koschnick, Kay (ed.). Having a Baby. 1975, 159 pp., pap. $2.75. (Chapters are also available as separate booklets: "Conception and Pregnancy" by Norah Shipstone and Karen Winget, $0.50; "Prenatal Care" by Katie Baer, $0.50; "Giving Birth by Katie Baer, $0.50; "The First Six Weeks" by Katie Baer and Jean Oates, $0.70; "The Baby and the Family" by Maxine Phillips, $0.50; "Pregnant and Unmarried" by Maxine Phillips, $0.50; "Planning Your Family" by Maxine Phillips, $0.35.) New Readers Press, Laubach Literacy, Inc., P.O. Box 131, Syracuse, NY 13210.

Lansky, Vicki. Feed Me -- I'm Yours. 1974, 120 pp., spiral bdg., $3.95. Meadowbrook Press, Wayzata, MN 55391. Also 1977, pap. $1.95. Bantam Books, Inc., 414 E. Golf Road, Des Plaines, IL 60016.

Lieberman, E. James, M.D., and Ellen Peck. Sex and Birth Control: A Guide for the Young. 1973, 287 pp., $7.95. Thomas Y. Crowell Co., 666 Fifth Avenue, New York, NY 10019. Also 1975, pap. $2.45. Schocken Books, Inc., 200 Madison Ave., New York, NY 10016.

Pierce, Ruth I. Single and Pregnant. 1971, 208 pp., $5.95; pap., $1.95. The Beacon Press, 25 Beacon St., Boston, MA 02108.

Segner, Leslie, Ph.D., and Charlotte Patterson, R.N. Ways to Help Babies Grow and Learn: Activities for Infant Education. 1970, 49 pp., pap. $3.70. JFK Child Development Center, University of Colorado Medical Center, 4200 East Ninth Ave., Denver, CO 80220.

U. S. Department of Health, Education, and Welfare, Office of Child Development, Children's Bureau. Infant Care. DHEW Publication No. (OCD) 73-15. 1973, 68 pp., pap. $1.00. Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402.

_____. Prenatal Care. 1973, 71 pp., pap. $1.05. DHEW Publication No. (OCD) 73-17. Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402.

Wirsen, C., and A. Ingeman-Sundberg. A Child Is Born: The Drama of Life Before Birth. Photographs by Lennart Nilsson. 1965, 160 pp., pap. $5.95. Dell Publishing/Seymour Lawrence, 1 Dag Hammarskjold Plaza, 245 E. 47th St., New York, NY 10017. (Note: The study guide was prepared for the 1965 paper edition of A Child Is Born. It is still in print. A completely revised edition of A Child Is Born was published in 1977 by Delacorte Press/Seymour Lawrence, priced at $11.95.)

NOTE: The study guides in this book are designed for the specific editions of the books listed above and may not be suitable for revised editions.

OTHER RESOURCE MATERIALS--
OUR "TOP SIXTY"

A complete bibliography of materials on pregnancy and parenting will never exist because of the constant development of new items. The following title, however, presents a good choice of materials available through 1976.

Parenting in 1976. 1976, 163 pp., pap. $5.00. Southwest Educational Development Laboratory, 211 East Seventh St., Austin, TX 78701.

More than 3000 materials dealing with parenting and parent education are included in this extensive catalog. Books, booklets, audiovisuals, multimedia, and periodicals are described. Each entry contains the title of the material, author, copyright date; number of pages, price, and ordering information.

The following items have been selected as some of the best, most useful materials available. All items selected deal with sex education, birth control, pregnancy and birth, or parenting during the first year after delivery. Books about preschool children over the age of one are not included.

Books were selected which will appeal to teenagers. Many excellent books on pregnancy and parenting are not included because of their difficult reading level. A high school classroom should certainly contain books written at high school reading level. It should also contain books which students with fourth grade reading abilities can handle.

The following listing consists almost entirely of books which have interested our students. Many are written at an easy reading level and are so designated. Limiting selections to our "Top Sixty" was difficult--but also an intriguing challenge.

Sex Education and Birth Control

Demarest, Robert J., and John J. Sciarra, M.D., Ph.D. Conception, Birth and Contraception, A Visual Presentation. Second edition, newly revised and enlarged, 1976, 145 pp., $12.00. New York: McGraw-Hill Book Company.

Conception, birth, contraception, pregnancy termination, and menopause are clearly described through well written

text and 70 graphic illustrations. For high school students reading on grade level, the book is a good substitute for the more simply written Facts About Sex by Sol Gordon. (See study guide for Gordon's book.)

Gordon, Sol. Facts About VD for Today's Youth. Illustrated by Vivien Cohen. 1973, 48 pp., $4.95; pap. $1.90. New York: The John Day Company.

The book's simply written text with illustrations describes different kinds of venereal disease. Prevention, symptoms, and cures are discussed along with some myths and historical items about VD.

_____. "Protect Yourself from Becoming an Unwanted Parent." 1973, 20 pp., $0.30. Ed-U Press, 760 Ostrom Avenue, Syracuse, NY 13210.

A very funny--but very serious--comic book treatment of birth control. Other titles in this Ed-U Press series include "Ten Heavy Facts About Sex," "V.D. Claptrap," "Gut News for Modern Eaters," "Juice Use--Special Hangover Edition," and "What Do You Do When You're All Drug Doubt?" All are worth using.

Lipke, Jean Coryllel. Being Together Books: Birth, Conception and Contraception, Dating, Heredity, Loving, Marriage, Pregnancy, Puberty and Adolescence, and Sex Outside of Marriage. 1971, 50-60 pp. each, $3.95. Minneapolis: Lerner Publications Company.

These hard-cover books were written for high school and junior high students. We think Birth and Sex Outside of Marriage are especially useful. Fairly simple language is used.

Miller, Benjamin F., M.D., Edward B. Rosenberg, and Benjamin L. Stackowski. Masculinity and Femininity. (Illus.) 1976, 117 pp., pap. $3.80; instructor's manual, $0.90. Boston: Houghton Mifflin Company.

Elsewhere I have suggested that high school textbooks about sex, pregnancy and babies are not often the best resources. This book, with its questions at the end of the chapters and its teacher's guide, is an excellent exception. We use the sections on human reproduction and pregnancy and birth in our pregnant minor classroom.

Pierson, Elaine C., Ph.D., M.D. Sex Is Never an Emergency: A Candid Guide for Young Adults. 1973, 103 pp., $1.25. Philadelphia: J.B. Lippincott Company.

Sexual activity is never such an emergency that pregnancy cannot be prevented, according to Ms. Pierson. In

addition to writing about contraception, pregnancy, and VD, she discusses abortion, rape, orgasm, and promiscuity.

Wear, Jennifer, and King Holmes. How to Have Intercourse Without Getting Screwed. 1976, 184 pp., pap. $3.95. Seattle: Medrona Publishers, Inc.

If you teach, this title might make your principal and some parents nervous. However, it is a well written (high school reading level), sometimes amusing book which simply tries to tell the reader how to avoid unwanted side effects of sex.

Zorabedian, Tom. "The View From Our Side: Sex and Birth Control for Men." 1975, 24 pp., $1.00. Emory Union Family Planning Program, Grady Memorial Hospital, Box 26069, 80 Butler St., S.E., Atlanta, GA 30303.

Even the Table of Contents of this booklet makes interesting reading with such titles as "Birth Control--Poppa Stopper," "Venereal Disease--Love Is Infectious," and "Masturbation--Rainy Afternoon and the TV's Broken." To order, add 15% for postage and handling, and make check payable to "Fulton-DeKalb Hospital Authority--Family Planning Grant."

Sex Education Books for Children

Reading books designed for their children can sometimes help young parents become more comfortable about their own bodies and their sexuality. For this reason, we have acquired a variety of sex education books written for children. The following titles are our favorites.

Andry, Andrew C., and Steven Schepp. How Babies Are Made. Illustrated by Blake Hampton. 1968, 86 pp., $5.95. New York: Time-Life Books.

Simply and clearly written, the book shows first a paper sculptured chicken, then a dog (also in paper sculpture) producing their babies from conception through birth. Human conception, pregnancy and birth are then described, again illustrated with paper sculpture figures.

Liskey, Nathan E., and Robert P. Hernandez. ¿De Donde Vienen Los Ninos? Illustrated by Mario Galvan. 1976, 24 pp., $3.00. Fresno: California State University. (Dr. Nathan Liskey, Health Science Department, CSU, Fresno, CA 93740)

The miracle of birth is explained in Spanish. Text is illustrated with cartoon drawings.

Mayle, Peter. "Where Did I Come From?" The Facts of Life Without Any Nonsense and With Illustrations. Illustrated by Arthur Robins and designed by Paul Walter. 1973, 44 pp., $7.95. Secaucus, NJ: Lyle Stuart, Inc.

This is our favorite book. Perhaps it's because the often funny text and cartoon-like illustrations suggest you don't have to look like a Hollywood starlet and be 19 to love and be loved!

Sheffield, Margaret. Where Do Babies Come From? A Book for Children and Their Parents. Illustrated by Sheila Bewley. 1974, 33 pp., $4.95. New York: Alfred A. Knopf.

This is the most beautiful book of this group. One stage in the process of conceiving and giving birth to a baby is simply described on each of the double-spread pages. Opposite the text is a softly colorful painting which is quite explicit. One painting depicts the birth of a baby. The book was adapted from the award-winning BBC program, "Where Do Babies Come From?" which has been used in England throughout the primary school system.

Pregnancy and Birth

Ashdown-Sharp, Patricia. A Guide to Pregnancy and Parenthood for Women on Their Own. 1977, 181 pp., $3.95. Vintage Books. New York: Random House.

Much newer than Pierce's Single and Pregnant, this book includes an excellent, up-to-date treatment of abortion. Generally, however, it seems to be directed more to older readers than to teen-agers, and is a little harder to read than is Single and Pregnant. It is a good additional resource, however.

Bing, Elizabeth. Moving Through Pregnancy, 1976, 175 pp., pap. $1.95; Six Practical Lessons for an Easier Childbirth, rev. ed., 1977, pap. $1.95. Bantam Books. New York: Grosset and Dunlap, Inc. Also The Adventure of Birth, 1970, 252 pp., $4.95; pap. 1976, $1.75. Ace Book. New York: Simon and Schuster.

Six Practical Lessons for an Easier Childbirth is a step-by-step guide to the Lamaze method of childbirth. The Adventure of Birth contains 40 first-person accounts of birth experiences by mothers and fathers. Reading a few of these personal stories about labor and delivery might be very reassuring to a pregnant student worrying about her own approaching labor and delivery. Moving Through Pregnancy is an illustrated description of the Lamaze techniques of prepared childbirth.

Black, Lanie, and Connie Jackson. An Act of Love. 1974, 168 pp., $4.50. San Pedro, CA: Caligraphics Printing and Publishing. Order from Connie Jackson, Box 3961, Torrance, CA 90501.

Our prepared childbirth physical education teacher thinks this is an excellent resource for teachers. It includes detailed information about prepared childbirth, medication used in obstetrics, and baby care. Written by prepared childbirth teachers, it is difficult for many students to read.

Carroll, Linda, Diane LaBelle, Valerie Wooldridge, and Laurie Zarkowsky. What Now? Under 18 and Pregnant. 1976, 37 pp., $3.00. Origins, Inc., 140 Washington St., Salem, MA 01970.

What Now? is a very easy to read booklet about pregnancy and abortion. The authors were 15-18 years old and their writing project was funded through a CETA Summer Youth Program. The writers interviewed a number of women aged 12-18 years who either went through a pregnancy or had an abortion. Some of their comments about these experiences are included in the text. What to expect during pregnancy, labor, and delivery is described. Three methods of abortion are discussed in detail. Adoption is mentioned.

Dohrmann, Harriet, M.A. You Are Pregnant! Now What? and Your Baby Is Born! 1976, 31, 36 pp., $2.50 each. Dohrmann-Jones, 3801 E. Fernwood Avenue, Orange, CA 92669.

These student workbooks were written by the teacher of a pregnant minor program. Information on prenatal growth and development, labor, delivery, and postpartum care with quizzes are included in the first book. Your Baby Is Born! discusses baby's growth and development, how to cope with crying, immunizations and illness, and general help with learning good parenting skills. The books are designed to be used as consumable workbooks.

Ewy, Donna and Roger. Preparation for Childbirth, A Lamaze Guide. 1974, 209 pp., pap. $0.75. A Signet Book. New York: The New American Library.

The book describes the Lamaze method of childbirth. It includes detailed directions for the techniques to use during labor and delivery in order to work with rather than against the normal process of childbirth.

Francis, Deanne T., R.N. Have It Your Way: An Outline for Expectant Parents. Illustrated by Ron Eddington. 1975, 135 pp., $4.95. Dayhouse Pub., P.O. Box 647, Ephraim, UT 84627.

Written as a guide for pregnancy, delivery, and early baby care, this is an especially readable book written

by a childbirth educator, nurse, and mother of five. The book begins, "An obstetrician is an odd subject. He may come in any of a variety of sizes, shapes, and temperaments--kind being the most common..." Layout of the book and the illustrations should also appeal to students.

Karmel, Marjorie. Thank You, Dr. Lamaze: A Mother's Experiences in Painless Childbirth. 1959, 192 pp., $1.95. Dolphin Books. Garden City: Doubleday and Company, Inc.

Ms. Karmel delivered her first baby in France with the help of Dr. Lamaze. She was living in the United States during her second pregnancy, and found it difficult to locate a doctor here who would cooperate with this method of childbirth. The book is her personal story. It has been nearly 20 years since Ms. Karmel faced medical opposition to "prepared" childbirth. Today, prepared childbirth is widely accepted in much of the U.S. although even now a few of our students encounter doctors who are opposed to their desires for a "Lamaze" delivery. The book is a good introduction to the idea of prepared childbirth.

Leboyer, Frederick. Birth Without Violence. 1975, 115 pp., $7.95. New York: Alfred A. Knopf.

This poetically written book describes and pictures the Leboyer method of childbirth in which the right of the baby to a quiet, almost serene birth is respected. Our students like the book, but many doctors are not willing to follow Leboyer techniques of delivery.

Phillips, Royal. Life Itself--A Parenting Experience. 1976, 61 pp. $7.95; pap. $5.95. Royalt Publishing Company, P.O. Box 3002, Santa Barbara, CA 93103.

This is an enchanting book full of photographs of women, a few men, and babies as they go through pregnancy and birth. The author is a Lamaze childbirth educator.

Selinger, Howard E., and Norman V. Wheeler, M.D. "Hi Mom." 1976, 32 pp., $0.70 each, 200-499 copies. Patient Information Library, Physicians Art Service, 343-B Serramonte Plaza, Daly City, CA 94015.

Colorful, profusely and amusingly illustrated, this booklet covers in detail such things as prenatal visits to the doctor, general prenatal advice, warning signs, and labor and delivery. Almost two-thirds of the booklet is devoted to the hospital stay. Stages in labor are pictured and explained in detail, and different types of anesthesia are described. It is an excellent resource, but rather expensive unless you need 200 copies--which is the minimum order accepted.

Prenatal Nutrition

Burrill, Sally L., and Mary E. Hall. Nutrition for a Healthy Pregnancy. 1976, 63 pp., $2.00. Special Publication 3207, Cooperative Extension, ENEP, University of California.

Arranged almost as a flip chart, this brightly colored booklet can be very helpful, especially for students who don't read easily. The text is brief and printed in big type with a full page illustration on each double page spread. Included is a folder listing points to remember about prenatal nutrition and a space for a personal food diary on one side. When opened, it becomes a colorful chart titled "What to Eat While You're Pregnant." Both booklet and folder are available in Spanish as well as English.

"Food and You--Partners in Growth During Pregnancy." 1977, 8 pp., no charge. National Dairy Council, Rosemont, IL 60018.

"Food and You" is an excellent leaflet to use in your prenatal nutrition unit. Also good is "Food...From Birth to Birthday" from the Dairy Council.

"Nutrition and Pregnancy." Free leaflet. The National Foundation --March of Dimes, Box 2000, White Plains, NY 10602.

The importance of eating the right foods all during pregnancy is stressed. Also valuable is the March of Dimes' booklet, "Be Good to Your Baby Before It Is Born."

Phillips, Margaret G., Ed.D. "Food for the Teenager During Pregnancy." 1976, 24 pp., $0.80. U.S. Department of Health, Education, and Welfare, Public Health Service, Health Services Administration. DHEW Publication No. (HSA) 76-5611. Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402.

Finally we have a nutrition booklet designed for pregnant teenagers. It is attractive, colorfully illustrated, and readable with about fifth grade reading skills.

Russell, Martha Garrett. "Why Not? Stay Healthy While You're Pregnant." Set of seven booklets. 1972, 8-28 pp. each, $1.50/set. Agricultural Extension Service, University of Minnesota, St. Paul, MN 55101.

These wildly colorful booklets are arranged in a programmed learning format. One discusses prenatal nutrition generally, another teaches the concept of nutrients, and four discuss the basic four food groups. The last booklet discusses other foods and calories and reviews the previous information.

Babies and Parents

Aaronson, May, and Jean Rosenfeld. Baby and Other Teachers. 1974, 85 pp., pap. $2.25. Georgia Appalachian Outreach Project of the Day Care and Child Development Council of America. Douglasville Printing Co., Inc., P.O. Box 174, Douglasville, GA 30134.

The first 65 pages are very simply written and can probably be read by a student with second grade reading ability. The reader will learn how she, as a mother, can help her baby learn--learn to feel good about her/himself through being cuddled and cared for. The importance of talking with baby is stressed. A 16-page section at the back includes brief discussions of research relating to the book's topics.

Barber, Virginia, and Merrill Maguire Skaggs. The Mother Person. 1975, 220 pp., $7.95. Indianapolis: The Bobbs-Merrill Co., Inc.

Through quotes from many mothers, the authors attempt to clarify some of the realities of being a mother. Included are comments concerning the overwhelmingly hard work of child rearing. A common thread throughout the interviews was, "But nobody ever told me it would be like this!" The chapter titled "There's a Baby in the House" is especially helpful to young mothers.

Brazelton, T. Berry, M.D. Doctor and Child. 1976, 231 pp., $8.95. New York: Delacorte Press.

In this very readable book, Dr. Brazelton discusses colic, the effect of childbirth drugs on the baby, and other problems of infancy and early childhood. The chapters often begin with an anecdotal record of a problem followed by a discussion of ways to cope with such a problem.

_____. Infants and Mothers: Differences in Development. 1969, 282 pp., $12.95; pap. $5.95. A Delta Book. New York: Dell Publishing Co., Inc.

The tremendous differences in babies are apparent as Dr. Brazelton describes a very active, a moderately active, and a quiet baby at birth and in each month of development throughout the first year. The book is not written at an especially easy reading level, but is so interesting that we have found new mothers who don't read well are apt to enjoy it anyhow.

Cooper, Grace. Guide to Teaching Early Child Development, A Comprehensive Curriculum. 1975, 330 pp., pap. $15.00.

Consortium on Early Childbearing and Childrearing, Child Welfare League of America, Inc., 67 Irving Place, New York, NY 10003. Also available is a set of six 55-70 page student booklets: "Getting to Know Your Baby and Yourself: Prenatal to Birth," "Your New Human: Birth to One Month," "Learning About the World: One Month to Three Months," "Your Baby Grows: Three to Six Months," "Learning More Each Day: Six to Nine Months," and "The End of the First Year: Nine to Twelve Months." Set of booklets, $12.50.

We use "Getting to Know Your Baby and Yourself: Prenatal to Birth" as part of the first day assignment for our pregnant minor students. The others are useful for some students. The Guide contains a wealth of ideas for teaching parenting to teenagers.

Ewy, Donna and Rodger. Preparation for Breast Feeding. 1975, 118 pp., pap. $2.95. Dolphin Books. Garden City, NY: Doubleday and Company, Inc.

This is one of the best books for a mother-to-be who is thinking of nursing her baby. Included is a rather detailed picture story section of a nursing baby and its family, both before and after the baby's birth.

Gordon, Ira J. Baby Learning Through Baby Play: A Parent's Guide for the First Two Years. 1970, 121 pp., $3.95. New York: St. Martin's Press.

Excellent suggestions for simple play and learning experiences for babies from about three months to two years of age are described and illustrated. The "To the Parents" section points out the importance of considering these learning activities as games, not tests.

Gregg, Elizabeth M., and Boston Children's Medical Center Staff. What to Do When "There's Nothing to Do." 1970, 180 pp., $1.25. New York: Dell Publishing Company, Inc.

The book contains many ideas (601 according to the cover!) for keeping babies and children content and happily occupied even if bad weather keeps them cooped up in the house. Many of the play things can be made from household items. While presenting these play ideas, the authors discuss the different stages of child development. They include safety tips for each age group.

Lawson, Gary D. Safe and Sound. 1965, 83 pp., $2.00. Lawson Book Company, 9488 Sara Street, Elk Grove, CA 95624.

Written by a supervisor of EMR classes, this workbook covers birth control, prenatal care, baby care, accident prevention, and first aid. It is good for remedial reading students interested in pregnancy and parenting.

Lewis, Barbara S. "A Good Beginning: A Guide to Enjoying Your Baby's First Year." 1975, 27 pp., $2.00. (Ten or more copies, $1.50 each.) Barbara Lewis, 1021 Keith Avenue, Berkeley, CA 94708.

The booklet contains a double page of activities designed for baby for each month of her first year. The format is easy to follow and offers good suggestions for the use of "throw-away" items as toys and learning aids. We like to assign this to a student when her baby is about one month old. We ask her to try out some of the activities and make some of the items described in the booklet. It is very easy to read.

McDiarmid, Norma, Mari A. Peterson, and James R. Sutherland. Loving and Learning: Interacting with Your Child from Birth to Three. 1975, 300 pp., $8.95. New York: Harcourt Brace Jovanovich, Inc.

Only the first three chapters (103 pp.) are devoted to babies under one year of age, and some of this material may be rather difficult reading for some high school students. Nevertheless, the information offered about and suggestions made for interacting with baby are extremely good. Many young parents might find these chapters exciting as they relate to their new babies.

Marshall, Marion, and Lorraine Schapiro. Caring for Your Child: Questions Parents Ask. 1971, 58 pp., $1.95. Creative Book Company, P.O. Box 21-4998, Sacramento, CA 95821.

Designed for adults with limited reading ability, this little book discusses various parenting skills. Content is divided into 22 short lessons. A list of words to study for each lesson is included.

Olness, Karen, M.D. Raising Happy Healthy Children. 1977, 163 pp., $6.95; pap. $3.95. Meadowbrook Press, 16648 Meadowbrook Lane, Wayzata, MN 55391.

This is my favorite book for this section. Ms. Olness was first a pediatrician, then a mother of four children. During her children's early years she kept a diary. The book includes "unexpurgated" excerpts from the diary which she uses to demonstrate concepts in child development and child rearing. The result is an extremely readable, useful, and knowledgable book about babies and children. Only the first chapter really relates to infancy, but her personal stories make the book especially saleable to young parents.

Pizzo, Peggy Daly. How Babies Learn to Talk. Drawings by Judy Manning. 1974, 85 pp., pap. $2.00. Georgia Appalacian

Outreach Project of the Day Care and Child Development Council of America, 1012 14th St., N.W., Washington, D.C. 20005.

Most of the text is extremely simple and brief, illustrated with line drawings on each page. Reading level is probably about third grade. Helping baby learn to talk is the book's theme. The last six pages contain research notes concerned with babies' speech development.

Ross, Cathy Roberts, and Denise Marie Beggs. The Whole Baby Catalogue. 1977, 191 pp., $6.95. New York: Drake Publishers, Inc.

A good book for browsing, this has chapters covering pregnancy, labor and delivery, feeding, safe environment, toys and TV, child development, the exceptional child, effective fathering, and working parents. It is packed with information and ideas and is profusely illustrated.

Personal Experience and Fiction

The following selections are examples of the many personal experience and fictional treatments of early pregnancy, young marriage, and/or parenthood on the market today. You can probably find others in your local bookstore.

Baldwin, James. If Beale Street Could Talk. 1974, 242 pp., $1.95. A Signet Book. New York: New American Library.

Tish, 19 and pregnant, tells the story of the love between herself and Fonny, 22, and of the hate they find around them. She draws a bleak picture of life in the black ghetto.

Betts, Donni. A Shared Journey--The Birth of a Child. 1977, 76 pp., $3.95. Celestial Arts, 231 Adrian Road, Millbrae, CA 94030.

In this beautifully written and very personal journal of her pregnancy and the early months of her daughter's life, Donni Betts shares her thoughts and feelings. After thorough physical and emotional preparation for non-medicated childbirth, she and her husband learned, after labor had begun, that the baby had to be delivered by Cesarean section. She describes her feelings at this development. She has since become actively involved in the study of family-centered Cesarean Birth.

Bradbury, Bianca. Love Is Never Enough. 1971, 208 pp., $0.95. New York: Scholastic Book Services.

Cary, Hank, and their baby live in a two-room trailer on a college campus. High school students are apt to relate to these descriptions of early marriage.

Dizenzo, Patricia. Phoebe. 1970, 120 pp., pap. $0.95. New York: Bantam Books.

The movie adapted from this book seems funny and wierd to our students because of its out-of-date touches (such as Phoebe's boy friend's butch haircut). The book, however, is a sensitive account of Phoebe's agonizing attempts to tell her parents and boy friend that she is pregnant. A person who works with pregnant minors might find the book good to read because of the insight it offers into some of the possible trauma of being young and pregnant.

Elfman, Blossom. The Girls of Huntington House. 1972, 213 pp., $1.25. A Bantam Book. Boston: Houghton Mifflin Company.

This is a fictionalized account of the author's year of teaching at a home for unwed mothers in Los Angeles. The book was made into a movie which has been shown on television.

_____. A House for Jonnie O. 1977, 175 pp., $6.95. Boston: Houghton Mifflin Company.

The uncaring caricatures portrayed of the pregnant minor program nurse and teacher are, hopefully, unreal. The four young people in the story face the very real problems of being young, pregnant, and sometimes existing on fantasies of what they wish were their lives.

Eshelman, Nancy. Ready or Not from the "Let's Get It Together" Series. 1974, 184 pp., pap. $3.00. Lexington, Mass.: Ginn and Company.

Nine family stories are carried throughout this five-part book. The story of each family starts with a pregnancy. Among the different types of family situations described are a young unmarried woman who places her baby for adoption, a young couple who decide to marry because of the pregnancy, a family with a handicapped child, and an older family. The book is easy to read, includes thought questions interspersed in the stories, and a teaching guide is available.

Hanes, Mary. Love-Child. 1973, 240 pp., pap. $1.25. A Signet Book. New York: New American Library.

The author tells her story of deliberately becoming an unmarried mother. A high school girl who is a single mother by choice might identify with her experiences.

Head, Ann. Mr. and Mrs. Bo Jo Jones. 1973, 189 pp., pap. $1.25. Signet Book. New York: The New American Library, Inc.

This story of a 16 year old bride and 17 year old groom who married because of pregnancy is an all-time favorite in our classroom. The couple have terrible problems in their life together, but when they face the tragedy of losing their baby, they apparently find mature love at last.

Howard, Marion. Only Human--Teenage Pregnancy and Parenthood. 1976, 251 pp., $8.95. New York: The Seabury Press, Inc.

An easily read story about three young couples expecting their first child. Interspersed throughout the story is a running commentary about the developmental aspects of both young women and young men as they go through the pregnancy and parenting experience. Professionals reading the book are apt to gain some new insights into the feelings and concerns of young parents, and may, after reading it, find themselves more sensitive to their clients.

Lader, Lawrence, and Milton Meltzer. Margaret Sanger: Pioneer of Birth Control. 1974, 181 pp., $0.95. New York: Dell Publishing Co., Inc.

Margaret Sanger faced great hardship as she worked to help women control the size of their families. Reading her story may help young people realize the responsibility--and luxury--they have today of choosing when and if they have children.

Lee, Mildred. Sycamore Year. 1974, 150 pp., pap. $1.25. A Signet Book. New York: New American Library.

When her best friend falls in love, 14 year old Wren feels left out of everything. When her friend comes back pregnant, Wren tries to help her.

Madison, Winifred. Growing Up in a Hurry. 1973, 200 pp., pap. $0.95. An Archway Paperback. New York: Pocket Books, a division of Simon and Schuster, Inc.

A high school student sometimes feels left out, feels that everyone else has friends, and that her plight is hopeless. This book is the first-person account of such a girl. When she finds love, she gains self-confidence, even loses her stutter. But when she discovers she is pregnant--and Steve is gone--she has some heavy decisions to make by herself.

Peck, Richard. Don't Look and It Won't Hurt. 1973, 158 pp., pap. $0.95. New York: Avon Books.

A young girl named Carol describes her feelings as her sister leaves to continue her pregnancy out of town. Her sister's decision to relinquish her baby for adoption affects Carol deeply.

Thompson, Jean. The House of Tomorrow. 1974, 191 pp., pap. $1.25. New York: Harper & Row Pub., Inc.

The author writes movingly about her struggle over what to do about her pregnancy and future baby. Her experiences in a maternity home are described, experiences quite different from those of most school-age pregnant women today. The story actually took place in the 1960s in California.

Wood, Phyllis Anderson. Song of the Shaggy Canary. 1974, 143 pp. pap. $1.25. A Signet Book. New York: New American Library.

If you're a teenage mother whose husband has walked out, how do you manage? Sandy was 17 and struggling to finish high school and find time to mother her son. She and Chuckie found a friend who changed their lives.

SOURCES OF FREE AND INEXPENSIVE MATERIALS

The following companies offer free or inexpensive materials concerned with sex education, pregnancy, and/or babies. Write to them on your school or organization letterhead asking for information on available materials. Be specific about your teaching needs and the number of students you have.

Carnation Company
Medical Department
5045 Wilshire
Los Angeles, CA 90036

Gerber Products Company
Box 33
Fremont, MI 49412

H.J. Heinz Company
General Office
Pittsburgh, PA 15212

Johnson and Johnson
Baby Products Company
New Brunswick, NJ 08903

Proctor and Gamble Company
Cincinnati, OH 45201

Kimberly-Clark Corporation
Life Cycle Center
Neenah, WI 54956

Mead Johnson Laboratories
Evansville, IN 47708

National Dairy Council
Rosemont, IL 60018

The National Foundation --
March of Dimes
Box 2000
White Plains, NY 10602

Ortho Pharmaceutical Corporation
Raritan, NJ 08869

Ross Laboratories
Columbus, OH 43216

Superintendent of Documents
U.S. Government Printing Office
Washington, D.C. 20402

Wyeth Laboratories
Philadelphia, PA 19101

They'll Read If It Matters

and

You'll Read If It Matters

were designed by Jeanne Lindsay.

The text was typed on an Olivetti Lexikon 92C

using Venezia and Sirio elements

for They'll Read If It Matters

and Esteem Pica for You'll Read If It Matters.

Some headline type was handset.

The text paper is an off white, seventy pound,

offset paper.

The printing was done by Offset Lithography.

ABOUT THE AUTHOR

Jeanne Lindsay teaches the ABCUSD Teen Mother Program at Tracy High School, Cerritos, California. Most pregnant school girls in the district choose to attend this class rather than continue at their regular school during pregnancy.

Ms. Lindsay has an M.A. in Anthropology and an M.A. in Home Economics from California State University, Long Beach. Her teaching credentials include General Secondary Life, Pupil Personnel Services, and Administrative. She is a member of the California Alliance Concerned with School-Age Parents and she edits the CACSAP Newsletter.

She and her husband have five children.